



SPANISH SPRINGS CAL RIPKEN BASEBALL LEAGUE

www.calripkenbb.com

A DIVISION OF BABE RUTH LEAGUE, INC.

One-Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Spanish Springs Cal Ripken Baseball League, Inc to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the specified date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____ authorize Spanish Spring Cal Ripken Baseball League, Inc. to charge my credit card account indicated below for \$ _____ on or after _____. This payment is for _____.
(DATE) (INDICATE TEAM, DIVISION AND PURPOSE)

Company Name: _____

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email: _____

Name of Individual Authorized to Charge: _____

Account Type: Visa MasterCard

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ CVV2 (3 digit code on back): _____

Signature: _____

Date: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit card and I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.