



Electronic Payment Information

September 1, 2009 to August 31, 2010

Name: _____

Membership Number: _____

PAYMENT BY CREDIT CARD (Visa or MasterCard)

I, _____, authorize Evergreen Squash Club to charge me:
(Name)

For the one-time payment of \$ _____, as indicated on the Membership Renewal Form.

For the monthly payment of \$ _____, as indicated on the Membership Renewal Form.

VISA

(Credit Card Number)

(Expiry Date)

MASTERCARD

(Credit Card Number)

(Expiry Date)

Print Name as shown on Card: _____

Signature Required for Authorization: _____ Date: _____

Please Note: The information contained in this form is strictly confidential and shall only be used for the sole purpose of implementing this Electronic Payment Transfer Program.