

ONE-TIME PAYMENT AUTHORIZATION



Authorization Agreement

I hereby authorize Cricket's Performing Arts to initiate automatic payments to my account from the credit card named below. I have entered the full card number, expiration date and billing address for this credit card. Further, I agree not to hold Cricket's Performing Arts responsible for any delay due to incorrect or incomplete information supplied by me or due to an error on the part of my credit card to post payment to my account.

ACCOUNT INFORMATION ~PLEASE PRINT CLEARLY~

Student's Name _____ Date: _____

E-mail _____

Account Type: Visa Master Card

Name on the Credit Card: _____

Credit Card Number: _____

Exp Date: _____ V-Code: _____

Billing Street Address for Card: _____
Zip: _____

Authorized Signature (Primary): _____

One-time Payments requested for: _____

in the amount of \$ _____

Payment Processing Date Requested: _____

ONE-TIME PAYMENT AUTHORIZATION



Authorization Agreement

I hereby authorize Cricket's Performing Arts to initiate automatic payments to my account from the credit card named below. I have entered the full card number, expiration date and billing address for this credit card. Further, I agree not to hold Cricket's Performing Arts responsible for any delay due to incorrect or incomplete information supplied by me or due to an error on the part of my credit card to post payment to my account.

ACCOUNT INFORMATION ~PLEASE PRINT CLEARLY~

Student's Name _____ Date: _____

E-mail _____

Account Type: Visa Master Card

Name on the Credit Card: _____

Credit Card Number: _____

Exp Date: _____ V-Code: _____

Billing Street Address for Card: _____
Zip: _____

Authorized Signature (Primary): _____

One-time Payments requested for: _____

in the amount of \$ _____

Payment Processing Date Requested: _____