



# 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): \_\_\_\_\_

<p>One-time Payments requested for: _____</p> <p>in the amount of \$ _____</p> <p>Payment Processing Date Requested: _____</p>
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