



UNITED STATES HANDBALL ASSOCIATION

RECURRING PAYMENT AUTHORIZATION FORM

By completing and signing this form, you authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below to your Credit Card each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least **ten (10) days** prior to the payment being collected. **A Regular Membership will be \$60 annually (choose \$15), while a booster membership will be \$100 annually (choose \$25).**

I, _____, authorize **The United States Handball Association** to charge my Credit Card for **\$15 / \$25** (*circle one*) each quarter (*every three months*) for a USHA Membership.

(If you would like to also include a donation in your quarterly charge to our First Ace Program, you can call the USHA at 520-795-0434 and we can set that up.)

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

CREDIT CARD INFORMATION

(If not comfortable providing a CC on this form, please call us at 520-795-0434 with your CC #)

Card Type: Mastercard VISA Discover AMEX

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

CARDHOLDER SIGNATURE

I (the Cardholder) understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Merchant in writing of any changes in my account information or termination of this authorization at least **fifteen (15) days** prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: _____ Date: _____

Printed Name: _____