



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



THIS FORM MUST BE PRINTED OR TYPED AND TO THE MSYSA STATE OFFICE AT 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

MSYSA Credit Card Authorization Form

MSYSA WILL ACCEPT THE FOLLOWING CREDIT CARDS:



Purpose of Charge (Type of MSYSA Form): _____

Amount of Charge: _____
(Plus \$5.00 Processing Fee)

Credit Card Holder's Name: _____

E-mail Address: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone (w/ area code): _____

Work Phone (w/ area code): _____

Fax Number (w/area code): _____

Type of Credit Card (circle one): VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____

Verification Number (on back of card in signature box): _____

Receipt Desired (circle one): YES NO

Signature: _____ Date: _____

THIS FORM IS INVALID UNLESS THE CREDIT CARD HOLDER'S SIGNATURE APPEARS ON IT.

FOR OFFICE USE ONLY:

Date Received: _____

Approval Number: _____

MSYSA Account #: _____

Amount of Charge: _____

Transaction ID: _____