

LUMBERTON RECREATION CREDIT CARD AUTHORIZATION FORM

This form must be turned in with your registration form

Participant's Name _____ Program _____

Participant's Name _____ Program _____

Participant's Name _____ Program _____

Participant's Name _____ Program _____

Parent/Guardian Name _____

Name and Address that appears on the credit card

Name _____ Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone Number _____

Payment: Visa MasterCard Expiration Date _____

3 Digit Security Code on back of card _____

Account#: _____ - _____ - _____

Signature _____

Total Amount Charged _____

**Please note: All refunds of electronic receipt transactions shall be performed in accordance with all other statutory requirements related to the refunds of monies to local unit.
A purchase order/check will be issued for all reimbursements.**