2026-2027 Ohio Adrenaline Elite
Credit Card Authorization Form

ATHLETE NAME: _____ TEAM(S): _____

PARENT OR LEGAL GUARDIAN NAME: _____

CARD INFORMATION:

TYPE OF CARD (CHECK ONE): ___VISA ___MASTERCARD ___DISCOVER

NAME AS IT APPEARS ON CREDIT CARD: _____

BILLING ADDRESS: _____ CITY: _____ ZIP: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ /_____ THREE DIGIT SECURITY NUMBER ON BACK: _____
MONTH / YEAR

--- OR ---

BANKING INFORMATION:

ACCOUNT HOLDER NAME: _____ BANK NAME:_____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____
Please attach voided check to this form if selecting this option

MEMBERSHIP AUTO PAYMENT: Check and initial.

☒ **MONTHLY TUITION:** I authorize monthly recurring payments for athlete tuition as detailed by my selected installment option.
Cardholder Name / Account Holder initials: _____

☒ **FUNDRAISER BUYOUTS/INCIDENTAL FEES:** I authorize fundraiser buyouts/incidental fees as noted in the handbook as required.
Cardholder Name / Account Holder initials: _____

☐ **APPROVED APPAREL ORDERS (OPTIONAL):** I authorize this credit card/bank account to be charged for miscellaneous apparel purchases, when the appropriate apparel order form is properly signed by the cardholder / Account holder authorizing said purchases.
Cardholder Name / Account Holder initials: _____

As the authorized holder of the credit card / bank account listed above, I authorize Ohio Adrenaline Elite to charge my credit card / bank account for the items indicated above. Any and all changes to this form above must be submitted on a new 2026-2027 Ohio Adrenaline Elite Credit Card Authorization Form. Emails will NOT be accepted for any changes.
Cardholder / Account holder acknowledges the purchase and payment of goods and/or services detailed in the 26-27 All-Star Handbook (Invoicing and Expenses) and agrees to perform the obligation set forth by the card member's agreement with the issuer.
I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties. I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 30 day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my student from class(es). Furthermore, if my athlete is bound by separate financial agreement i.e. All-Star Membership Agreement I acknowledge that any contractual charges will still be collected. Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

Cardholder / Account holder Signature: _____ Date: _____

PLEASE TURN THIS PAGE IN WITH PAPERWORK