



California State Soccer Association - South

CREDIT CARD AUTHORIZATION



Payment Information

Please include and/or attach any supporting documentation for this payment, such as an invoice, statement, form, order number, or payment coupon.

Authorization Amount

Memo

Customer Information

Customer Name

League Name and Number (if applicable)

Street Address

Phone Number

City

State

ZIP Code

Country

Billing Information

Same as Customer Information

Customer Name (exactly as it appears on the card)

League Name and Number (if applicable)

Street Address

Phone Number

City

State

ZIP Code

Country

Payment Information

Please Select Card Type

Card Number

Expiration Date

CVV Code

Note: The CVV for Visa, Discover, and Mastercard appears as three numbers on the back of a card. The CVV for American Express appears as four on the front.

Card Holder Signature

Date

Submit Payment Form

Please EMAIL this form to accountingdept@calsouth.com or FAX to 714.451.1016