



ELECTRONIC PAYMENT AUTHORIZATION FORM

Please complete this for payment of any services rendered through Legerity Sports Performance, Inc. (LSP). The following forms of payment are accepted: Visa, MasterCard, American Express, and Discover.

Athlete Information:

Name: _____ DOB: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Cardholder Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

Credit/Debit Card Information:

Please provide your payment information below. The debit or credit card information you provide on this form will be destroyed once your information has been stored in our *Authorize.net* digital locker.

Card Type: **Visa**

Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security Code: _____

I, _____ authorize any service fees (plus 2.5% convenience fee) to be deducted from the credit or debit card ending in _____ (last four digits of the card) while my son / daughter, _____ is training with LSP. I, _____ (initial) also understand any service fees (plus 2.5% convenience fee) deducted from the credit or debit card ending in _____ (last four digits of the card) are nonrefundable. I also understand that LSP requires one (1) full months' notice of any contract cancellation. In other words, you are agreeing to a two (2) month minimum.

*****Local sales tax rates will also be applied to you invoice*****

X _____ DATED: _____

Cardholder Signature