



St. Matthew Hockey & Sports Club

PO Box 81006, RPO McLeod Park, Edmonton
Alberta, T5Y 3A6

Credit Card Authorization Form

Player: _____

Bingo Dates: _____

Credit Card Information:

Card Type: _____ Expiry Date: _____

Card Number: _____

Name on Card: _____

I authorize St. Matthew Hockey and Sports Club to debit my credit card if I default on my bingo commitment.

Cardholder Signature: _____

Date: _____ Contact Phone Number: _____

This form will be kept securely in a locked cabinet and destroyed at the end of the current hockey season.