



BUILDING CHAMPIONS INSIDE & OUT

FLORIDA INDEPENDENT CHRISTIAN ATHLETIC ASSOCIATION
PO BOX 15481 TALLAHASSEE, FL 32317 | 850-583-1493
CONTACT@FICAA.ORG | WWW.FICAA.ORG

One Time Credit Card Payment Authorization Form

Account Type: Visa _____ MasterCard _____
Cardholder Name: _____
Account Number: _____
Expiration: _____ CVV Security Code: _____

Please fill out and sign this form to authorize FICAA to make a one time debit/charge to your credit card on the account listed below. In signing this form, you have given FICAA permission to charge the account you indicated for the amount you agree to above on or after the date signed. This is a one time charge only and will not provide authorization to add additional debits/charges to your account.

I, _____ authorize FICAA to charge my credit card for the amount of \$_____.
Name of Company: _____
Is this a Company or Personal credit card? _____
Billing address on credit card statement: _____
Phone # _____ Email _____
Authorized Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only and is valid for a one time use only. I certify that I am an authorized user of this credit card account and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this form.

If you have any questions, please feel free to contact:

Brad Dancel, President
PO Box 15481, Tallahassee, FL 32317
Office Phone: 850-583-1493
Email: brad.dancel@ficiaa.org

850-583-1493 | PO BOX 15481 TALLAHASSEE, FL 32317 | CONTACT@FICAA.ORG | WWW.FICAA.ORG

