



2024 Season

billing@MVPolo.org 626-885-POLO

Credit Card Recurring Payment Authorization Form

You May Choose Monthly or Seasonal/Quarterly Billing

- 4 Seasonal charges are billed on the beginning day of each practice season and cover 11 months. Spring/Summer/Fall/Winter at the following rate. \$624. This reflects an approximate 10% discount to standard monthly rates. Splashball seasonal charge is \$524.
- Monthly standard charges are billed on the first day of each month for the period beginning that day through the last day of the month ahead. (12 billed months per year)
Current monthly rates: Travel Team \$229. Splashball Beginners Water Polo \$195
- MVPolo offers family discounts for siblings simultaneously registered with MVPolo on the same credit card and enrolled in automatic payments. 10% on a second child's fees, 20% on third +
- Click [here](#) for a more detailed explanation of MVPolo rates and charges and billing policies.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa or MasterCard. Your card will be charged the corresponding amount for the team(s) on which your child(ren) are rostered at the beginning of each billing period. You agree that no prior-notification for each charge will be provided, and payments are not refundable. Future charges may be canceled or paused by contacting billing@MVPolo.org at least 15 days prior to the next charge date. If your child moves between team levels, payment amount will be automatically updated at the next billing cycle.
Only one authorization form is needed per family.

Please complete the information below:

I _____ authorize MidValley Water Polo Club to charge my credit card
(full name)

indicated below on a *Monthly* basis for payment of Registration Fees for
Quarterly

_____ or for any other fees I direct to be charged to my card.
(names of children)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code _____

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form. Fees are charged in advance of each term period and are nonrefundable.
(last updated March 21 2024)