



Whitchurch-Stouffville Minor Hockey Association

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Credit Card Payment Authorization Form

Name of Cardholder _____
(as it appears on the card)

Card Type ☒ Visa ☐ Mastercard

Amount to be Charged _____

Card Number _____

Expiration Date: Month _____ Year _____

Company Name _____
(If applicable)

Email address (for receipt to be sent) _____

Reason for Payment: _____

I authorize the WSMHA to charge my credit card one time only

Signature _____

Date _____