

Amateur Trapshooting Association 1105 E Broadway – P.O. Box 519 Sparta, IL 62286



Credit Card Payment Authorization Form

Sign and complete this form to authorize the ATA to make recurring debits to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount listed on **all Shoot Financial Reports** submitted by you or your affiliated gun club representative, on or after the date indicated below. This is a perpetual authorization and can be used to process any shoot financial report.

Please complete the information below:	
I(printed full name)	authorize the Amateur Trapshooting Association to charge
my credit card account indicated belo	ow for payments due on all Shoot Financial Reports submitted to
the ATA by(gun club	name) Gun Club located in and (state)
received by the ATA on or after(ATA Gun Club Number
Account Type: Uisa] MasterCard
Account Number	
Expiration Date	Billing Zip Code
CVV2 (3 digit number on back of Visa/Mo	C)
Cardholder Name (please print)	
Email Address	Phone #
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 and is valid for present and future use. 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; so long as the transaction corresponds to the terms indicated in this form.

Please note that a 3% transaction fee will be applied to all payments made using a credit card starting 1/1/25.

To cancel this authorization, please contact the ATA Office (618)449-2224 ext. 106 or debers@shootata.com