



Missouri Ice Hockey Officials Payment Authorization Form

Before you can request officials for games, you must complete and sign this form and uploaded with your request to be set up in the MIHOA game scheduling system.

You have two payment options:

- ACH bank account – electronic payment form your bank checking or savings account
- Credit Card – an additional 4% charge will be added

Payment Billing Address Information

Account Holder Name:	Phone Number:
Address:	Apartment/Unit, etc.
City:	State: Zip Code:
Email Address:	

ACH Bank Account Billing Information

Bank Name:	Bank Phone Number:
ABA Routing Number:	Bank Account Number:

Credit Card Information

Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
Credit Card Number:	
Expiration Date:(MM/YYYY)	Security Code:

I authorize Missouri Ice Hockey Officials Association to debit the bank account or credit card indicated in this payment authorization form for all request for officials to officiate ice hockey games. I understand that returns, refunds and cancellations will be made in accordance with the Missouri Ice Hockey Officials Association polices. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the date submitted. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I understand that MIHOA, may at its discretion, attempt to process the charge again within 30 days, and I agree to an additional \$25 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card or bank account, and that I will not dispute the payment with my credit card company or bank, so long as the transaction corresponds to the terms indicated in this form.

Signature: _____ Print Name: _____ Date: _____