

Texas Sports Medicine Center

2025/2026 Kings Baseball Performance

Credit Card Payment Authorization

You authorize regularly scheduled charges to your Credit Card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Texas Sports Medicine Center, HCA Healthcare to charge my Credit Card below for payments of \$200./ monthly. During the training period from May 19th - January 16th

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

Visa - MasterCard - AMEX - Discover

Cardholder's Name - _____

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - _____/_____

Security Code (CVV) - _____

Individual's Signature _____ Date _____