



## CREDIT CARD AUTHORIZATION FORM

Credit card authorization form is required to process the below fees and must be submitted along with application requesting amateur reinstatement or a professional player registration/loan/release. All information is kept confidential and used strictly for the purposes of U.S. Soccer sanctioning. This form is destroyed after charge is processed.

### FEES

ITEM	FEE CHARGE(USD)
Amateur Reinstatement	\$50
Professional Player Registration	\$50
Professional Loan	\$20
Professional Player Release	\$10

### SUBMISSION INSTRUCTIONS

- Submit electronically in **ONE** (1) email to - [player\\_registration@ussoccer.org](mailto:player_registration@ussoccer.org) and copy local League/State Association.
- Subject line should read - FEE/PLAYER NAME
- Submit all required documents in PDF format and no larger than 5MB
- Attach each document separately to **ONE** (1) email
- Submit at least 30 days<sup>1</sup> prior to start of league

### FORM INSTRUCTIONS

- All fields required for processing
- Information should be current and accurate
- Type or print clearly

Applications with missing, incomplete, inaccurate/wrong information, improper formatting will not be considered for review and applicant will be required to resubmit for processing.

The Player Status Department will contact applicants to provide updates on applications when available and/or required. Due to the high volume of applications received, kindly refrain from submitting emails requesting status updates as those specific requests will not receive a response. Thank you in advance for your adherence to the above instructions and cooperation.

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<sup>1</sup> Please note submitting at least 30 days prior to the start of league play **does not** guarantee the player will be eligible.



### FEE TO PROCESS

INFORMATION REQUIRED	INFORMATION SUBMITTED			
Authorization for one of the following charges	Amateur Reinstatement	Pro Player Registration	Pro Loan	Pro Release
Cardholder Name				
E-mail address to send receipt				

### CREDIT CARD DETAILS

INFORMATION REQUIRED	INFORMATION SUBMITTED				
Credit Card Type	American Express	Discover	MasterCard	Visa	JCB
Card Number					
Expiration Date	DD	MM	YYYY		
CVV code					

### CREDIT CARD BILLING ADDRESS

INFORMATION REQUIRED	INFORMATION SUBMITTED
Street	
City	
State	
Zip Code	

### PAYMENT AUTHORIZATION

INFORMATION REQUIRED	INFORMATION SUBMITTED
I hereby authorize charges to be applied to the following credit card	
Cardholder Name	
Card Holder Signature	
Date Submitted	