



YOU CAN NOW PAY YOUR FCW ELITE CLUB TEAM FEES WITH YOUR CREDIT CARD:

TYPE OF CARD

MasterCard

Visa

Name on Card: _____

Card Number: _____ **Authorization Code** _____

Expiration Date: _____

Amount to be Paid: _____

**PLEASE COMPLETE & RETURN TO
SOCCER ELITE CLUB INC.
C/O POLLOCK & MAGUIRE, LLP
106 CORPORATE PARK DRIVE
SUITE 401
WHITE PLAINS, NY 10604**

**INCLUDE A SHORT NOTE INDICATING THAT YOU WISH TO
PAY YOUR FEES WITH THE REFERENCED CREDIT CARD.**

Or

Email the form and note to: tmaguire@pollock-maguire.com