

AUTOMATIC PAYMENT AUTHORIZATION FORM

Checking/Savings

One monthly payment will be deducted for your fees on the day indicated below, of each month and a record of the payment will appear on your bank statement.

AUTOMATIC PAYMENT PLAN AGREEMENT

Athletes Name(s): _____

Monthly Installment(s): \$ _____, On the: 1st _____ or 16th _____ of the month.

Signing below will authorize Allstar Athletics to initiate debit entries for the monthly payments reflected above and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my _____ checking _____ savings account at my financial institution named below or on the attached voided check/deposit slip. This authority is to remain in full force and effect until the fees are paid in full or Allstar Athletics has received written notification from me of its termination in such time and such manner as to afford Allstar Athletics and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful debits, I understand that I will be charged a \$25.00 fee for nonsufficient funds.

Financial Commitment

I have read the Tuition/Fee Information and fully understand my commitment to Allstar Athletics outlined in Tryout Packet and payment schedule. I understand that my commitment is for the 2018-2019 Allstar competitive season. I understand that I am also giving my credit card/debit card information as a back up to this ACH authorization and that information will be used if I do not meet payment deadlines and financial commitment to Allstar Athletics. This authority is to remain in full force and effect until the fees are paid in full. Final payment is due by April 1st 2019. I understand that I will forfeit any monies paid if I choose to leave a team or am asked to leave the program. I understand that I am entering into this program of my own free will.

Bank Account Holder's Name: _____ Email: _____

Bank Account Holder's Signature: _____ Date: _____

Financial Institution: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Transit Routing Number: _____

Account Number: _____



Attach a voided check here