



Automatic/Reoccurring Debit or CC Authorization

By signing and completing the form below you authorize **Central Illinois Athletics** to electronically debit your account. Please choose an option below and it will be added to your records. (Please note that in the case of cancellation, if received within 14 days of the next billing cycle, your account will NOT be debited.)

New EFT Agreement **Change to Existing EFT Agreement** **Cancellation of EFT Agreement**

Name on Account or Credit Card

Account Number or Credit Card Number

Financial Institution Name or Credit Card Type

Routing Number or 3 Digit Pin on back of card

Account Type (Checking or Savings or Credit Card)

Amount Authorized

Expiration Date on Card

Billing Address for Credit Card Only

I authorize **Central Illinois Athletics** to debit _____ from my account denoted above towards your **Monthly Tuition** on a:

- Monthly Basis** on the 2nd or 16th day of each month.
- Quarterly Basis** on the 2nd or 16th day of each new quarter.
- Semi-Annual Basis** on the 2nd or 16th day of January and July.
- Annual Basis** on the 2nd or 16th day of January
- One Time Fee** _____ towards _____ immediately.

I hereby authorize **Central Illinois Athletics**, its successors and/or assigns to automatically draft a withdrawal from my checking or savings account listed above for the specified amount on the date specified. I agree that such withdrawal should be treated as if I personally signed for the withdrawal. I further agree that if any such withdrawal is dishonored, whether intentionally or inadvertently, I understand that **Central Illinois Athletics** will charge me a **\$20** rejected payment fee and I authorize this fee to be automatically be drafted in the next transfer. I understand that these withdrawals will be in effect for all subsequent agreements between myself and **Central Illinois Athletics**. I authorize **Central Illinois Athletics** to change the amount of the withdrawal from time to time based on my child's enrollment at **Central Illinois Athletics**. This authorization is to remain in full force and effect until **Central Illinois Athletics** received written notification from me at least 14 days prior to the next billing cycle.

Signature: _____ Date: _____

Name: _____ (Please Print)