

CEA Automatic/Reoccurring Debit or CC Authorization

By signing and completing the form below you authorize **Capital Elite 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 **Capital Elite Athletics** to debit _____ from my account denoted above towards your **Monthly Based Tuition**:

- Monthly Basis** on the 1st or 15th day of each month.
- Annual Basis** on the 1st or 15th day of January
- One Time Fee** _____ towards _____ immediately.

I hereby authorize **Capital Elite 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 **Capital Elite Athletics** will charge me a **\$30** rejected payment fee and I authorize this fee to be automatically drafted in the next transfer. I understand that these withdrawals will be in effect for all subsequent agreements between myself and **Capital Elite Athletics**. I authorize **Capital Elite Athletics** to change the amount of the withdrawal from time to time based on my child's enrollment at **Capital Elite Athletics**. This authorization is to remain in full force and effect until **Capital Elite Athletics** receives written notification from me at least 14 days prior to the next billing cycle.

Signature: _____ Date: _____

Name: _____ (Please Print)