

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. Note that it can take up to 45 days from receipt of a request to establish automatic payment with your financial institution. It may be necessary for you to make your first payment by cash or check.

AUTOMATIC PAYMENT PLAN AGREEMENT

Athletes Name(s): _____

Monthly Payment(s): Cheerleading \$ _____, Competition \$ _____, Tumbling \$ _____

Other \$ _____, Please indicate withdrawal date: 1st. _____ or 16th _____ of the month.

(This is the amount to be deducted from your account. If you are enrolling more than one athlete, this figure should be the sum of each monthly payment.)

Bank Account Holder's Name: _____

Bank Account Holder's Signature: _____ Date: _____

Signing above 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 non-sufficient funds and that Allstar Athletics reserves the right to cancel this authorization and will notify me in writing of such action.

Attach a voided check here **OR** have your financial institution complete the following information:

Financial Institution: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Transit Routing Number: _____

Account Number: _____

