

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize **Atletico Santa Rosa**, to initiate debit entries to my (our)

Checking savings account (please put a check mark next to the appropriate box) at the depository financial institution named below.

The **monthly fee** is **\$80** and will be debited on the **5th of each month.**

Annual registration renewal fee is \$100 and will be debited on **March 5th of every year.**

Player pass renewal fee is \$25 and will be debited on **July 5th of every year.**

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

CANCELLATION OF ACH REQUIRES A MONTH ADVANCE FOR ATLETICO SANTA ROSA TO PROCESS THE CANCELLATION.

***SHORT NOTICE OF ACH STOP PAYMENT REQUEST FEE IS \$20**

***RETURN ITEM FEE (INSUFFICIENT FUND) IS \$20.00**

*** A VOID CHECK IS NEEDED FOR ACH PROCESSING**

VOID CHECK PLEASE

Names on the account:

Name: _____

Signature: _____

Date: _____

Your Child's Name: _____

Your Child's Team Name: _____

***Note: If you need an ACH Stop Payment form please request it from the coach or atleticosr.org under club tab, forms**