

# **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (We) hereby authorize **Atletico Santa Rosa**, to initiate debit entries to my (our) checking/savings account at the depository financial institution named below.

**ACADEMY: The monthly due is \$100** and will be debited on the **5<sup>th</sup> of each month.**

**MLS NEXT: \$200** (Includes: Facility Rentals, Referee Fee, PT Trainers, Player Pass, Video Camera, Coaches Expenses) **Season year-round / 12 months.**

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

*\*Atletico Santa Rosa will no longer charge for the player pass renewal and lights in the winter turf practice.*

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Atletico Santa Rosa has received ACH Stop Payment Request form from me (us) of its termination.

**CANCELLATION of ACH requires 30 Days Advance Notice before the 5<sup>th</sup> of the month (ACH processing day) for Atletico Santa Rosa to process it.**

*\*Note: If you need an ACH Stop Payment Request form, please go to [Atleticosr.org](http://Atleticosr.org)*

## **ACH STOP PAYMENT REQUEST FORM CAN BE MAILED, EMAIL OR FAXED TO:**

- Atlético Santa Rosa, PO Box 2215, Santa Rosa, CA 95405
- Email: [sheena@optimabuildingservices.com](mailto:sheena@optimabuildingservices.com)
- Fax: 707-586-6634

*\* A VOID CHECK IS NEEDED FOR ACH processing and only monthly dues and renewal fees can be collected.*

VOID CHECK PLEASE

### **Names on the account:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_

Your Child's Team Name: \_\_\_\_\_

*\* Return item fee (insufficient fund) is \$20.*