

Iowa Soccer Club Inc.
2009-2010 Season
AUTHORIZATION FOR DIRECT DEBIT
(ACH Debits)

I (We) hereby authorize **Iowa Soccer Club Inc** (hereinafter called **Company**) to initiate Debit entries to my (our) account(s) indicated below on or about the _3rd_ of each month for twelve months and the depository financial institution named below (herein after called **Depository**), and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name (Name of Bank): _____

Branch: _____ City: _____ State: _____ Zip (Optional): _____

Routing/Transit # _____ (9 Digits)

Account Number: _____
(Check one) Checking _____ Savings _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Your Name(s): _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Player Name(s): _____

ATTACH VOIDED CHECK HERE