

Iowa Soccer Club Inc.
2017-2018 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 second business day 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): _____

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

Player Name(s): _____

Coaching/Admin Fee: 9U-19U: \$660/yr payable in 12 monthly installments of \$55 #of Players x Rate = TOTAL
_____ 55 _____

Total Coaching/Admin Fee Installment: _____

Facility Fee: 9U-19U: \$330/yr payable in 12 monthly installments of \$27.50 _____ 27.50 _____

Total Facility Fee Installment: _____

Signature: _____ Date: _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP