



Automatic Payment Plan Authorization Credit Card 2017

Personal Information:

Player (s) Name: _____

Team: _____ Age Group: _____

Name and address as it appears on your credit card and statement:

Name: _____

Address: _____

City/Zip: _____

Phone number: _____

Email Address: _____

MasterCard/VISA/AMEX/DISC #: _____

Expiration Date: _____

All approved transactions will be debited on the fifteenth (15st) day of the month.

Amount authorized:

Payment Date	ECNL	Black Team	White Team	Blue Team
Registration	\$300	\$300	\$300	\$300
June 15	\$190	\$174	\$158	\$116
July 15	\$185	\$171	\$158	\$114
Aug 15	\$185	\$171	\$158	\$114
Sept 15	\$185	\$171	\$158	\$114
Oct 15	\$185	\$171	\$158	\$114
Nov 15	\$185	\$171	\$158	\$114
Dec 15	\$185	\$171	\$158	\$114

I hereby authorize the FKK Soccer Club to charge the account designated above for the amounts authorized on the dates as scheduled, not to exceed the amount agreed to by me, until the balance is paid in full. I understand that I am responsible for making sure the funds are removed from the account. If the funds are not removed, you will be notified by email. If the funds are not removed by the 1st of the month there will be a \$15.00 charge. If your credit card is to expire you must notify the club by the 1st of the month in which the card expires.

Signature

Date