



Pre – Select 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 first (1st) day of the month.

Amount authorized:

Payment Date	Pre Select
Registration	\$300
July 1	\$100
Aug 1	\$100
Sept 1	\$100
Oct 1	\$100
Nov 1	\$100
Dec 1	\$100

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