

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.

Annual renewal due is \$100 and it will be debited on March 5th of every year.

The monthly dues is \$100 and it will be debited on the 5th of every month.

**Atletico Santa Rosa will no long charge for the player pass renewal and lights rentals on the winter 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 written notification from me (us) of its termination in a month advance as to afford Atletico Santa Rosa and my bank a reasonable opportunity to act on it.

**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: _____

Your Child's name: _____

Your Child's team name: _____