

PAYMENT AUTHORIZATION

Complete this form **ONLY** if you would like to:

- Pay the **\$300 COMMITMENT FEE** by credit/debit card or ACH (Automatic Check Handling) **and/or**
- Pay the **MONTHLY TRAINING FEES** by credit/debit card or ACH (Automatic Check Handling)
- * **A 3% convenience fee will be added to each credit/debit card and ACH (Automatic Check Handling) payment(s)**

Player Name _____ Team _____
 Address _____ City/State/Zip _____
 Primary Email _____ Phone _____

1) MANDATORY COMMITMENT FEE: (This must be paid before commitment paperwork will be accepted).
 How would you like to pay? Please check **ONE**:

_____ I would like to pay this fee by credit/debit card (see **SECTION A** below)

_____ I would like to pay this fee by ACH check (see **SECTION B** below)

2) MONTHLY TRAINING FEES AND CHAMPIONS FOUNDATION DONATION:

How would you like to pay? Payments processed on the first day of the month. Please check all that apply:

_____ I would like to pay this recurring fee by credit/debit card monthly (see SECTION A below)

_____ I would like to pay this recurring fee by ACH check monthly (see SECTION B below)

_____ I authorize payment(s) of the Champions Foundation donation per the Commitment Agreement.

A) CREDIT CARD INFORMATION

MasterCard/Visa # _____ Expires: _____

Name as it appears on the card: _____

B) ACH CHECK INFORMATION

Routing Number: _____

Account Number: _____

(The routing number is the first group of numbers on your check.
 The account number is the second group. See image for examples.)



Primary Name on Account: _____

Email _____ Phone: _____

I authorize Lonestar Soccer Club to charge the account above for the amount of D2, S2, D1, or Premier, dependant upon the division of the team that my son/daughter is placed on. (See commitment form for fees and structure). These payments are authorized to be charged at the beginning of the months specified in the commitment form until the balance is paid in full. **If any aspect of the above account(s) should change, I understand that I am responsible for contacting the Lonestar Office before the date of my next scheduled transaction, or a \$35 Non-Sufficient Funds fee will be charged to my account for every returned transaction.** Cancellation of this agreement must be received in writing prior to the next scheduled transaction.

Signature _____ Date _____

