

PAYMENT AUTHORIZATION

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

- Pay the **\$300 COMMITMENT FEE** by credit/debit card **and/or**
- Pay the **MONTHLY TRAINING FEES** by credit/debit card

*** A 3% convenience fee will be added to each credit/debit card payment(s)**

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

1) MANDATORY COMMITMENT FEE: (This must be paid before the commitment paperwork will be accepted.)

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

2) MONTHLY TRAINING FEES AND CHAMPIONS FOUNDATION DONATION:

Payments are 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 below)

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

CREDIT/DEBIT CARD INFORMATION

MasterCard/Visa#: _____ Expires: _____

Name as it appears on the card: _____

Billing Address Zip Code: _____

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 (NSF) 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 _____

