

# ACH / Credit Card Payment Authorization

Player name: \_\_\_\_\_

I, (parent or guardian) \_\_\_\_\_, authorize Northwest Iowa Soccer Club to:

**Pay in Full or Recurring Charge (Choose one by marking with an "X"):**

**Pay in Full – By Check** - \$1,265 is due by 8/1/25 to receive the \$35.00 pay in full discount. Make checks payable to: **NW IA Soccer Club**

**Pay in Full – One (1) Time Charge** – debit your account as a one-time charge for \$1,300 on 8/1/25 or thereafter. This amount includes the pay in full discount of \$35.00. The discount is only available to those that have turned in their forms by 8/1/25.

**Recurring Charge** – You authorize 12 regular, monthly, scheduled charges to your credit card or bank account as indicated below for the 2025-2026 Club season. The payments will begin 9/1/25 and end 7/1/26. You must provide a 10 day notice should the credit card or bank account need changed. At that time, a new authorization form must be completed or payment on the balance must be made prior to the next scheduled payment or the player may be asked to sit out of practices or games until the payment status is resolved.

**Withdrawal Day:**

- First business day of each month

**Type and amount of monthly payment (Choose one by marking with an "X"):**

\*For both options, due to the fact these numbers aren't evenly divisible by 12, your total paid for the year will be an additional \$0.08 - \$0.10.

Credit Card - \$121.36

- **Convenience fee included.**

Bank Account - \$118.19

- **No convenience fee charged on bank withdrawals**

**Billing Details:**

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Credit Card Information (Mark correct box with "X" if paying by credit card):**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
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Cardholder's Name - \_\_\_\_\_

Credit Card Number - \_\_\_\_\_

Expiration Date - \_\_\_\_\_

Security Code (CVV) - \_\_\_\_\_

## ACH / Credit Card Payment Authorization

**Bank (ACH) Information (Mark correct box with "X" if paying by bank account):**

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
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Name on Account - \_\_\_\_\_

Bank Name - \_\_\_\_\_

Account Number - \_\_\_\_\_

Routing Number - \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

**Individual's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_