ACH and Credit/Debit Card Payment Authorization

Player name(Please Print):_____

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

Pay in Full or Recurring Charge (Choose option 1, 2 or 3 by marking with an "X"):

- ☐ **1) Pay in Full – By Check -** $495 is due by 8/1/26 to receive the $35.00 pay in full discount. $530 due after 8/1/26. **Make checks payable to:** NW IA Soccer Club – PO Box 932 – Spencer, IA 51301

- ☐ **2) Pay in Full – One (1) Time Electronic Charge – Form must be returned by 8/1/26 or $35 discount will be added back to the below price.**

  If option 2 checked, select one option below and complete banking or credit/debit card information at the end:
  - Credit/Debit Card – Charged on 9/1/26 (Includes discount and processing fees) - $514.00
  - ACH – Charged on 9/1/26 (Includes discount and processing fees) - $500.00

- ☐ **3) Recurring (Monthly) Charge –Due by 8/1/26 -** You authorize 11 regular, monthly, scheduled charges to your bank account or credit/debit card as indicated below for the 2026-2027 Club season. The payments will be processed the first business day of each month and begin 9/1/26 and end 7/1/27.

  If option 3 checked, select one option below and complete banking or credit/debit card information at the end:
  - Credit/Debit Card – (Includes processing fees) $50.00 per month
  - ACH – (Includes processing fees) $49.00 per month

*****Payments and/or authorization forms not received by 9/1/26 will result in the player being ineligible for practice or games until all appropriate forms and payments have been submitted. If forms are late, all prior scheduled monthly payments will be processed at the time the form is received.**

If paying by credit/debit card complete this section:

Credit/Debit Card Billing Details(Must match billing statement):

Billing Address_____Phone #_____

City, State, Zip_____Email_____

Mark correct type and name with "X":

Type: ◯ **Credit Card** ◯ **Debit Card**

Name: ◯ **Visa** ◯ **MasterCard** ◯ **AMEX** ◯ **Discover**

Cardholder's Name - _____

Card Number - _____

Expiration Date - _____

Security Code (CVV) - _____

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If paying by bank account(ACH) complete this section:

Mark correct account type with "X":

◯ **Checking Account** ◯ **Savings Account**

Name on Account - _____

Account Contact Phone Number - _____

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 Soccer Club 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/debit card or 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 _____