



2011-2012 Payment Plan

Personal Information:

Player (s) Name: _____ Team Assignment _____

Team (s): _____

Person(s) Financially Responsible: _____ Cell Phone#: _____

Name and address as it appears on your credit card and statement:

Name: _____

Billing Address: _____

City/Zip: _____

Telephone: _____ Email: _____

MasterCard/VISA/AMEX #: _____

Expiration Date: _____ 3 or 4 digit cvs#: _____

Premier Commitment Fee: \$300 authorized at time of signing. **Date Paid:** _____

Total Program Fee: _____ **FA Amount:** _____ **Balance Due:** _____

All approved transactions will be debited on the first (1st) day of the month.

Amount authorized on the 1st of each month Aug thru Dec: _____

Amount authorized on the 1st of Jan: _____

I hereby authorize the CFK Soccer Club to charge the account designated above for the amounts authorized on the dates as scheduled, not to exceed the amount agreed to by me, until the balance is paid in full. Cancellation of this agreement must be received in writing fifteen (15) days prior to the next scheduled transaction.

Signature

Date