

AVC Payment Plan - Direct Debit Authorization Form

Please print and complete ALL the information below.

Player Name: _____

Name on Bank Account: _____

Name of Bank: _____

Account #:

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9-Digit Routing #:

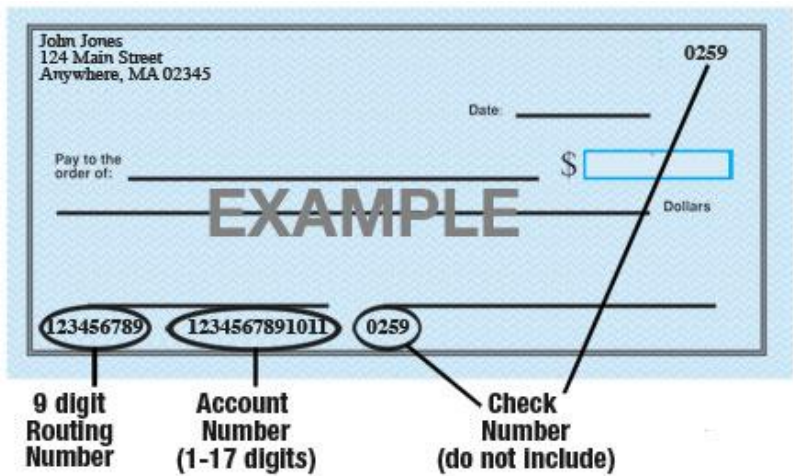
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Circle Payment Plan: **A** **B** **C**

Deposit Amount (Dec. 1st): \$ _____

Monthly Amount: (Jan-Apr) \$ _____

(Deposit and monthly payment amounts can be found on the payment plan schedule sheet)



Terms and Conditions

I wish to participate in the Direct Debit program for AVC's Payment Plan. After the initial plan deposit, payments will be withdrawn on the first of each month beginning in January and ending in April. I have read and agree to the following terms:

1. I hereby authorize The Academy for Volleyball Cleveland, LLC (hereafter "AVC") to electronically debit (withdraw) monthly payments in accordance to the payment plan schedule from my USD bank account.
2. I agree that my bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me.
3. I accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such debit(s).
4. In the event a Direct Debit payment is dishonored for any reason, I agree to pay a \$25.00 service fee. I shall indemnify and hold AVC harmless for any and all liability that may arise out of AVC initiating an electronic payment on my account.
5. I may stop automatic payments at any time, by so indicating to AVC in writing at least 10 days prior to the next scheduled payment date. AVC reserves the right to cancel this agreement at any time.

Account Holder Signature: _____

Date: _____