

4 Month Debit Authorization

I (we) hereby authorize Cedar River Soccer Association, hereinafter called "Company," to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I agree that by signing this authorization I am agreeing to terms of the 4 Month Debit Authorization and understand that this is a 4 month commitment from September – December. A \$100 deposit is required immediately with the remaining funds being automatically debited from my account on the 1st day of each month during the remainder of this term.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___Checking / Savings___

Amount of Debit

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name) (Signature)

(Email Address) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK AND A \$100 DEPOSIT TO THIS FORM