



VIRGINIA LEGACY SOCCER CLUB
Extended Payment Plan Form
2010/2011

All players requesting to use the extended payment plan will be required to have their payments automatically deducted by Virginia Legacy Soccer Club

Players Name _____

Team _____

Parents name _____

Phone # _____

E-mail _____

Extended Payment Option – Families will be able to make 8 equal payments beginning on registration night and ending in December.

Total Player Fee for season: _____ Total Fee/8 : _____

Above amount divided by 8 will be automatically deducted for June, July, August, September, October, November, December and January.

Which day would you like us to automatically draft?

1st of Month

15th of Month

Which method of payment would you prefer for drafting? (Fill out appropriate section on the following page)

Check/Electronic Funds

Credit Card

***Exceptions to this payment plan will be considered on an individual basis

VIRGINIA LEGACY SOCCER CLUB TERMS OF COMMITMENT

By Enrolling/Registering my son/daughter in VLSC and its extended payment plan, I recognize that I am obligated to pay VLSC travel fees according to the agreed payment plan and hereby authorize VLSC to deduct funds by electronic funds transfer or by credit card. I recognize that there is a \$25 fee for declined or insufficient funds.

Parent/Guardian Signature

Date

CREDIT CARD AUTHORIZATION

If Using Credit Card for extended payment plan the following is required:

Name on Card _____

Credit Card Type _____

Credit Card # _____

Expiration Date _____ CVS Code on Back _____

Billing Address _____

Signature of Cardholder _____

CHECK/ELECTRONIC FUNDS AUTHORIZATION

If Using Check/Electronic Funds for extended payment plan the following is required:

Date: _____

I, _____ authorize Virginia Legacy Soccer Club to charge my (bank account type) _____ starting on the (day/month/year)

_____ and on the (1st or 15th) _____ of each month following

through (day/month/year) _____ for the amount of \$ _____

for my son/daughters Virginia Legacy Soccer Club dues. My account information is as follows.

Bank Name: _____

Bank ABA Routing # _____

Bank Account Type _____

Bank Account Number _____

This payment authorization is valid and to remain in effect unless, I _____ notify Virginia Legacy of its cancellation by sending 30 Days written notice.

Customer Name

Customer Signature