

Player's Name: _____

Player's Team: _____

Electronic Payment Authorization Form

Please fill in the shaded areas. Print clearly.

CONTACT/BILLING INFORMATION

Name _____ Email _____ @ _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ Fax (____) _____

PAYMENT PLAN

Current Balance \$ _____ Start Date ____/____/____

Number of Payments or Payment Amount \$ _____ or \$ _____

Surcharge per Payment \$2.00

Total Amount per Payment \$ _____

Frequency of Payments: Monthly Weekly One-time Bi-Monthly
(Circle One of the above)

BANKING INFORMATION

Method of Payment: Checking Savings Credit Card Debit Card
(Circle One of the above and fill in the shaded areas accordingly)

Checking/Savings Information

(Please include a voided check or deposit slip)

Routing Number (9digits) _____ Account Number _____

Credit/Debit Card Information (Master Card or Visa Only)

Credit Card Number _____ Expiration Date _____

Name on Card _____ Billing Address (if different from above) _____

PAYMENT AUTHORIZATION

I authorize Modern Payment Technology, Inc., on behalf of Nebo United Soccer Club, a 501(c)(3) non-profit organization, to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Company receives written notification from me to any intent to terminate this payment plan and at such time and in such manner as to afford Company reasonable opportunity to act (min.30 days).

I understand that if the total amount owed to the Company is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to the Company is paid off, or unless the plan is terminated earlier by me as stated above. I understand my added amounts can be applied for with a new authorization form.

All other charges such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Modern Payment Technology, Inc. 15-days prior to any change being implemented. I understand that this payment plan may be canceled by Company or Modern Payment Technology, Inc., due to Non-Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank. In the event that the Company is charged NSF fees by the bank or a revoke authorization fee, I understand that I will be liable to pay these fees and authorize the Company to debit my account for these amounts.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Company, the bank and Modern Payment Technology Inc. harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer Signature _____ Date _____