

Account Holder Name(s): \_\_\_\_\_

Monthly Tuition Amount: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type:             CHECKING             SAVINGS

Date of 1<sup>st</sup> Withdraw: \_\_\_\_\_

Date of Final Withdraw: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

*By signing this form, I authorize CALIFORNIA BLUE VOLLEYBALL CLUB to withdraw program fees from the above referenced account on the first business day of every month. I understand that the withdrawal amount will automatically change if/when there is a change in the program fee. The deduction will also include any outstanding balance on my account. I also, understand that if for some reason my draft is not accepted, I will be responsible for the payment as well as any fees incurred by CALIFORNIA BLUE VOLLEYBALL CLUB.*

*I understand that this agreement will remain in effect until CALIFORNIA BLUE VOLLEYBALL CLUB has received 30 days written notice from me that it should be canceled, changed, or until I withdraw from the program.*

*I agree to indemnify and hold harmless CALIFORNIA BLUE VOLLEYBALL CLUB for any claims arising out of transfers or deductions from my account pursuant to this agreement.*

Account Holder Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

ATTACH VOIDED CHECK HERE

{Office use only}

Month Election is Effective: \_\_\_\_\_

Date for Last Election: \_\_\_\_\_

New Amount Confirmed and Correct:     Yes  No

Participant Number: \_\_\_\_\_

Date Election was added on Banking Website: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_