

FILL OUT BOTH SIDES OF THIS FORM



Payment Options for SPVC

Select one option and return this form with your 1st payment at registration.

- No Fee – Checking or savings recurring payments, fill out below form, registration will be paid by check or cash.
- 2% Fee – Credit Card recurring payments, fill out below form, registration is paid by credit card.

Here is How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will receive a receipt via email, and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification is required unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment collection.

Player Name:

Please select your team:

POWER ADIDAS TEAMS:	PREMIER TEAMS:	
<input type="radio"/> Power Adidas 18 – Mark H	<input type="radio"/> Premier 18/17 – Keith	<input type="radio"/> Premier 13/14 - Katelyn
<input type="radio"/> Power Adidas 17 – Mark S	<input type="radio"/> Premier 18/17 – Tim	<input type="radio"/> Premier 13/14 – Mark V
<input type="radio"/> Power Adidas 16 – Makynna	<input type="radio"/> Premier 17 – Faith	<input type="radio"/> Premier 13/14 - Nicole
<input type="radio"/> Power Adidas 15 – Shay	<input type="radio"/> Premier 17 – Jessica	<input type="radio"/> Premier 13/14 - Jacquie
<input type="radio"/> Power Adidas 14 – Carrie	<input type="radio"/> Premier 16 – Melissa	
<input type="radio"/> Power Adidas 13 – Margaret	<input type="radio"/> Premier 15/16 – Eugene	<input type="radio"/> Premier Other _____
<input type="radio"/> Power Adidas 12 – James	<input type="radio"/> Premier 15/16 - Teri	
<input type="radio"/> Power Adidas 16-2 – Kellee	<input type="radio"/> Premier 15 - Elisha	

Billing Parent Name:

Billing Contact Email:

Billing Contact Phone:

FILL OUT BOTH SIDES OF THIS FORM

Please complete the information: I _____ (parent name) authorize SPVC to charge my account indicated below for full monthly balance of my club fees (and for extra travel charges that may apply – travel teams only).

Select preferred withdrawal/payment date:

- 1st of Month 5th of month 10th of month

Billing Zip Code _____

Checking/ Savings Account

- Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card 2% Fee

- Visa MasterCard
 Amex Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
Zip Code: _____

Payments can be made at our online payment portal:
<https://sacperformancevb.mypaysimple.com/s/sacramento-performance-volleyball-club-payments>

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify SPVC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that SPVC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Notes:

- I choose:
 Recurring installment plan
 Pay in full with 5% off regular dues (excludes travel costs)