



# PAYMENT AUTHORIZATION FORM

## Austin Texans SC

Complete this form **ONLY** if you would like to:

- Pay the **REGISTRATION FEE** by credit/debit card or Electronic Check and/or
- Pay the **\$40 PAYMENT PLAN SET UP FEE** by credit/debit card or Electronic Check and/or
- Pay the **\$60 VOLUNTEER BUY OUT** by credit/debit card or Electronic Check **and/or**
- Pay the **MONTHLY TRAINING FEES** or **MAKE FULL PAYMENT** by credit/debit card or Electronic Check

Player Name \_\_\_\_\_ Team \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Email \_\_\_\_\_ Phone \_\_\_\_\_

**REGISTRATION FEE:** Please initial **ONE**:

- \_\_\_\_\_ I would like to pay this fee by credit card (see **SECTION A** below)  
 \_\_\_\_\_ I would like to pay this fee by Electronic Check (see **SECTION B** below)

**\$40 PAYMENT PLAN SET UP FEE:** Please initial **ONE**:

- \_\_\_\_\_ I would like to pay this fee by credit card (see **SECTION A** below)  
 \_\_\_\_\_ I would like to pay this fee by Electronic Check (see **SECTION B** below)

**\$60 VOLUNTEER BUY OUT FEE:** Please initial **ONE**:

- \_\_\_\_\_ I would like to pay this fee by credit card (see **SECTION A** below)  
 \_\_\_\_\_ I would like to pay this fee by Electronic Check (see **SECTION B** below)

**FULL PAYMENT OF FEES: (Payment Option A - amt will be as initialed on the Agreement to Pay Player Fees) Please initial ONE:**

- \_\_\_\_\_ I would like to pay this fee by credit card (see **SECTION A** below)  
 \_\_\_\_\_ I would like to pay this fee by Electronic Check (see **SECTION B** below)

**TRAINING FEES:** (Payments will be processed on the first day of the month according to the payment option chosen in the Agreement to Pay Player Fees form) Please initial **ONE**:

- \_\_\_\_\_ I would like to pay these fees by credit card (see **SECTION A** below)  
 \_\_\_\_\_ I would like to pay these fees by Electronic Check (see **SECTION B** below)

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**SECTION A – CREDIT CARD INFORMATION**

MC VISA DISC AMEX (circle one)

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name exactly as appears on card: \_\_\_\_\_

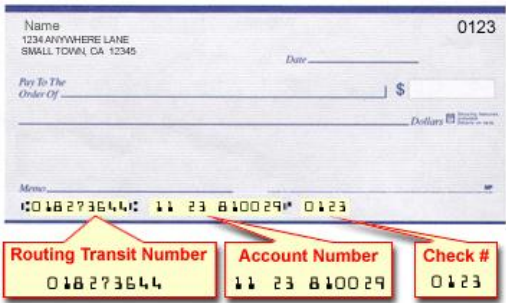
**SECTION B – ELECTRONIC CHECK (voided check must be attached)**

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

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

(The routing number is the first group of numbers on your check. The account number is the second group. See image for examples.)

Primary Name on Acct: \_\_\_\_\_



Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize Austin Texans SC to charge the account above according to the fee payment option chosen for the amount required for D2, S2, or D1 level play, dependent upon the division of the team that my son/daughter is placed on. (See "Agreement to Pay Player Fees" form for fee amounts and structure). These payments are authorized to be charged at the beginning of the months specified in the "Agreement to Pay Player Fees" form until the balance is paid in full. **If any aspect of the above account(s) should change, I understand that I am responsible for contacting the Austin Texans SC Admin or Registrar before the date of my next scheduled transaction, or a \$30 Non-Sufficient Funds fee will be charged to my account for every returned transaction.** Cancellation of this agreement must be received in writing prior to the next scheduled transaction.

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