



## The BATON ROUGE SOCCER CLUB

142 Lobdell • Baton Rouge, LA 70806 • 225 924-2157 • Fax: 225 924-5674

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize the Baton Rouge Soccer Association, hereinafter called BRS A, to initiate debit/credit entries to my (our) checking account indicated below at the depository named below, hereinafter, called DEPOSITORY, to debit/credit the same to such account.

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

This authorization is to remain in full force and effect until BRS A has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BRS A and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) ON ACCOUNT \_\_\_\_\_  
(Please Print)

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

I authorize BRS A to withdraw \$ \_\_\_\_\_ from the above account on the 17th day of each month  
(amount) (day)  
for \_\_\_\_\_ months with the first withdrawal on \_\_\_\_\_ & the final withdrawal on  
(# of months, 6 max)

\_\_\_\_\_  
(no later than Jan. 17, 2011)

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVED MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ANY DEBIT TRANSACTION NOT HONORED BY YOUR BANK IS SUBJECT TO A \$25 NSF FEE AND SUSPENSION OF THE PLAYER UNTIL PAYMENT IS MADE.

ATTACH VOIDED CHECK HERE

PLAYER NAME \_\_\_\_\_  
TEAM \_\_\_\_\_

**Providing quality soccer programs to the greater Baton Rouge area since 1975.**