



Mail completed form to:
Karen Chin
357 Gordon Circle
Salt Lake City, UT 84107

Electronic Payment Authorization Form

PAYOR INFORMATION

Parent Name and Player Name	Team Name	Phone	Email
Address	City	State	ZIP Code

PAYMENT PLAN

Total Payment Amount	Start Date
Number of Payments	Frequency of Payments <input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Fee per Payment 2.5% per payment	Total Amount per Payment

PAYMENT INFORMATION - Do NOT Use this Section - fill out your payment information on the website.

<input type="checkbox"/> Charge my Bank Account	<input type="checkbox"/> Charge my Credit Card
Bank Name:	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>
Name on Account:	Card Number: XXXXX
:	Expiration Date: XXXXX
Account Number: XXXXX	

SIGNATURE AND AUTHORIZATION

I authorize NetDeposit, LLC, on behalf of the Utah Avalanche Soccer Club 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 of any intent to terminate this payment plan and at such time and in such manner as to afford Company reasonable opportunity to act (minimum of 30 days).

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

All other changes 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 Utah Avalanche 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Company or Utah Avalanche, 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.

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 Utah Avalanche, the bank, NetDeposit, LLC, harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Signature	Date
Print Name	Title