



Vipers Hockey Club Spring 2020

Payment Form /Automatic Payment Options

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Participant Name: _____ Skater or Goalie: _____ Age Group (i.e. Squirt): _____

Participant Name: _____ Skater or Goalie: _____ Age Group (i.e. Squirt): _____

Participant Name: _____ Skater or Goalie: _____ Age Group (i.e. Squirt): _____

Participant Name: _____ Skater or Goalie: _____ Age Group (i.e. Squirt): _____

PLEASE NOTE: This form is NOT your registration for the season! You must complete your registration online at www.vipershockeyclub.org and pay your per child deposit in order to be considered officially registered for the season. This form is ONLY how you want to bill out the remaining balance due for the season as shown in the chart below.

Level		Cost of Season in Full	Registration Fee Submitted Online	Remaining Balance Due	Amount to be Billed Paid in Full Option	Amount to be Billed Per Month 2 Installment Option
Mite (U8)	Skater	\$ 600.00	\$200	\$ 400.00	\$ 400.00	\$200.00
	Goalie	\$350.00	\$200	\$ 150.00	\$ 150.00	\$75.00
Squirt (2010/2011)	Skater	\$600.00	\$200	\$ 400.00	\$ 400.00	\$200.00
	Goalie	\$350.00	\$200	\$ 150.00	\$ 150.00	\$75.00
Peewee (2008/2009)	Skater	\$600.00	\$200	\$ 400.00	\$ 400.00	\$200.00
	Goalie	\$450.00	\$200	\$ 250.00	\$ 250.00	\$125.00
Bantam (2006/2007)	Skater	\$600.00	\$200	\$ 400.00	\$ 400.00	\$200.00
	Goalie	\$450.00	\$200	\$ 250.00	\$ 250.00	\$125.00
Midget (2002-2005)	Skater	\$600.00	\$200	\$ 400.00	\$ 400.00	\$200.00
	Goalie	\$450.00	\$200	\$ 250.00	\$ 250.00	\$125.00
Girls U14 (2006-2009)	Skater	\$600.00	\$200	\$ 400.00	\$ 400.00	\$200.00
	Goalie	\$450.00	\$200	\$ 250.00	\$ 250.00	\$125.00

Please Select Your Payment Option

☐

One Payment in Full

- Funds will be withdrawn from your account on **Friday, April 3rd, 2020**

☐

2 Monthly Installments

- Funds will be withdrawn from your account on **Friday, April 3rd, 2020 & Friday, May 8th, 2020**



Vipers Hockey Club Spring 2020

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Please select one of the two billing options:

☐ **Checking Account:**

Account number: _____

Routing number: _____

Bank Name: _____

☐ **Credit Card or Debit Card:**

Card Type: circle one *Visa MasterCard Discover AMEX* **Financial Institution Name:** (bank name on card) _____

Card holder Name: (print) _____

Credit Card # _____ **Expiration Date:** _____

Cardholder Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Payment Agreement

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all participants listed on this form. I understand that if I am choosing the paid in full option my automatic deduction will occur on Friday, April 3, 2020 or up to 5 business days thereafter. I understand that if I am choosing the 2-installment option my automatic deduction will occur on Friday, April 3, 2020 and Friday, May 8, 2020 or up to 5 business days thereafter. I understand that my monthly bank statement will typically show the amount and the date payment was made to the RecPlex or VPP. I understand that I am responsible for ensuring that the account designated above has sufficient funds on Friday, April 3 and Friday, May 8, 2020 or up to 5 business days thereafter, to allow for the automatic deduction of my payment. I understand that it is my responsibility to ensure the checking account # and routing # or credit card # are correct on this document and it is my responsibility to fill out a new form if I change financial institutions or credit card information. I will notify the RecPlex of any changes to my account information, in writing, 2 weeks prior to my monthly auto draft deduction. **I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I understand that declined payments are subject to a \$25 NSF Fee.**

I agree to the terms of this agreement, as well as the RecPlex bank draft payment schedule and its policies.

Account Holder's Name (Print) _____ **Date:** _____

Account Holder's Signature: _____ **Date:** _____