

CIRCLE CITY VOLLEYBALL 2021 PAYMENT GUARANTOR FORM

Player Name: _____

Age Group: _____

This form must be filled out if you have chosen Payment Plan A or B. Please indicate below any parties responsible for club payments that wish to receive emails from our online billing system.

Parent/Guardian (1): _____

Parent/Guardian (1)
Email: _____

Parent/Guardian (2): _____

Parent/Guardian (2)
Email: _____

I, _____, _____ understand that my credit card or bank account will be charged on the first business day after the 20th each month for any unpaid invoices that are 30 days past the invoice date if payment has not been received by Circle City Volleyball. I also understand that payments that can not be processed may result in loss of participation.

Automatic Withdraw Information

Routing # _____

Account # _____

Please attach a voided check.

Credit Card Information

Credit Card # _____

Exp Date _____

Zip Code _____

Parent/Guardian Signature (1)

Date

Parent/Guardian Signature (2) If Necessary

Date