



## Payment Contractual Agreement

It is understood that all Participants are responsible for payment of all fees, dues, and expenses incurred on their behalf while they are Participants in the Club. I also understand that the failure to pay in full all fees and expenses due to FOCUS Volleyball Club, may result in loss of practice time, tournament play or withdrawal from the team. Should any Participant wish to withdraw from the Club before the scheduled completion of her season, she must do so by notifying the Club of her withdrawal in writing by sending such written notice via e-mail ([info@focusvolleyballclub.com](mailto:info@focusvolleyballclub.com)) or to the address below:

FOCUS VBC  
1110 Pierce Arrow Drive  
Arlington, Texas 76001

Participants who withdraw from the Club are still responsible for payment of all fees, dues and expenses incurred on their behalf. This includes her share of expenses in local tournaments which she was scheduled to participate, coach fees, and practices. Deposits are non-refundable and uniforms purchased will be kept by FOCUS VBC.

**I understand that this Payment Contractual Agreement must be signed and returned to the Director before I can continue to participate in FOCUS Volleyball practices or tournaments.**

**I understand and agree to this Payment Contractual Agreement and I agree to make all payments outlined in the following Payment Schedule. If any payment is not made voluntarily, I authorize any outstanding balance to be charged against the credit/debit card on file.**

**Agreed to by:**

**FOCUS VBC:**

_____	_____	_____	_____
<b>Parent/Guardian (1)</b>	<b>Date</b>	<b>Club Director</b>	<b>Date</b>
_____	_____		
<b>Parent/Guardian (2)</b>	<b>Date</b>		

# Payment Schedule

<b>Player Name:</b>	<b>Team Name:</b>
<b>Package Amount: \$</b>	<b>Deposit Amount (Non-Refundable): \$</b>
<input type="checkbox"/> <b>Pay In Full/Method:\$</b>	<b>Deposit Payment Method:</b>

## Select Payment Method:

- ☐ Direct via check/cash  
 ☐ Online at [https://cash.me/\\$FOCUSVBC](https://cash.me/$FOCUSVBC) (debit only)  
 ☐ auto-draft (debit or credit on file)  
 ☐ Zelle via participating banks (yolanda.freeman@focusvolleyballclub.com)

Deposits are non-refundable. If receiving a **monthly payment plan**, a **credit card & debit card must** be on file for an auto draft each month. I/We understand that if payment is not made on the 1st of each month or on your designated date, a 7 day grace period is permitted. On the 8th of each month or 7 days after your due date, a **\$20 late fee** will be added to the scheduled payment. If other date outside of the 1<sup>st</sup> is requested, it must be specified below. I understand that if payment is not made by due date, the payment will be drafted against the debit/credit card on file.

## Select Monthly Payment Plan:

- ☐ 2 months  
 ☐ 3 months  
 ☐ 4 months  
 ☐ 5 months  
 ☐ 6 months  
 ☐ 7 months  
 ☐ 8 months

**Monthly Payment Amount: \$** \_\_\_\_\_ (see package summary)

Month/Dates (write specific date(s))	Amount To Be Paid	Amount Paid (staff only)	Payment Method	Date Paid (staff only)
Sept _____	\$	\$		
Oct _____	\$	\$		
Nov _____	\$	\$		
Dec _____	\$	\$		
Jan _____	\$	\$		
Feb _____	\$	\$		
Mar _____	\$	\$		
April 1st	\$	\$		
May 1 <sup>st</sup> (only for those w/2 players)	\$	\$		

# Credit Card Authorization for Payment Plans

Debit Card		Credit Card	
Name on Credit Card		Name on Credit Card	
Type of Credit Card		Type of Credit Card	
Card Number		Card Number	
Security Code		Security Code	
Expiration Date		Expiration Date	
Billing Address		Billing Address	
City		City	
State		State	
Zip Code		Zip Code	

All information above is required to be on file for any player on a payment plan. The scheduled and agreed upon payment amount will be charged to this card on the 1st of each month or specified date above if not received via other payment methods. For any reason, the charge does not go through on the 1st or specified date above, a **\$20 late fee** will be added to the payment. In the event the charge is declined, the player may not be permitted to practice or play until payment in full is received.

I understand and authorize **any and all payments** not paid as outline in the Payment Agreement above to be charged to either of the cards on file.

In the event that any information above changes, I agree to update the Director with the new information or another card.

To verify that the cards on file are valid, there will be a \$1 charge that will be deducted from the following monthly payment.

**Agreed to by:**

**FOCUS VBC:**

\_\_\_\_\_  
**Parent/Guardian (1)      Date**

\_\_\_\_\_  
**Club Director                      Date**

\_\_\_\_\_  
**Parent/Guardian (2)      Date**