

# CIRCLE CITY VOLLEYBALL 2026 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 20<sup>th</sup> 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 and  
CVC# \_\_\_\_\_

Parent/Guardian Signature (1)

Date

Parent/Guardian Signature (2) If Necessary

Date