

Automatic Account Withdrawal

If you would like Atlanta Ace Volleyball, Inc (dba A5, GA5 or A5 South Volleyball Club) to automatically withdraw donations from your bank or financial institution ,or credit card account, please complete this form. Complete Bank Account Withdrawal or Credit Card Account Withdrawal portion of form.

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL FROM ACCOUNT:

I hereby authorize Atlanta Ace Volleyball Inc, to make automatic withdrawals each month from my account at the bank or other financial institution named below or from my credit card account listed below here. I authorize Atlanta Ace to withdraw funds from my account in the amount and frequency specified below. This authorization will remain in effect until all fees have been paid in full for the 2015 season.

Player's Club: _____ Player's Team: _____

Frequency: 15th of each month Start Date: December 15th, 2014

Bank Account Withdrawal (attach a voided check if you don't know routing number)

Name(s) on Account: _____

Signature: _____ Date: _____

Bank Name: _____ Bank Account Number: _____

Bank Routing Number: _____ Amount:/month: \$ _____

*****OR*****

Credit Card Account Withdrawal (3% fee applies to all credit card transactions)

Name(s) on Account: _____

Signature: _____ Date: _____

Card Number: _____ Exp Date: _____

Amount/month: \$ _____

Billing Address

Address: _____ City/State/Zip: _____

Mail completed form to: **A5 Volleyball Club**
11415 Old Roswell Road, Suite 200
Alpharetta, GA 30009