



## Carolina Soccer Club

### Bank Draft Authorization Form for Training Fees U11-U14 Teams 2011-2012

Player Name \_\_\_\_\_

Team Name \_\_\_\_\_

I authorize Carolina Soccer Club to draft my Bank Account for:  
Ten (10) months (July-April)  
On the 5<sup>th</sup> of each month  
Beginning on July 5, 2011  
For the amount of \$110.00

#### **PLEASE ATTACH VOIDED CHECK**

From the following Account:

Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Bank Acct Number \_\_\_\_\_

I understand that if my child discontinues this program, this authorization will remain in effect until I complete the appropriate NCYSA paperwork to have his/her name removed from the official roster.

Account Holder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_