



Carolina Soccer Club

Bank Draft Authorization Form – Single Season – U15-18 teams 2011-2012

Player Name _____

Team Name _____

I authorize Carolina Soccer Club to draft my Bank Account for:

- please check one
- Seven (7) months (July-Jan) - Girls
 - Seven (7) months (Oct-April) - Boys

On the 5th of each month
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 _____