

Monthly Draft Authorization



Consider the Source ... Pro Source!!!

Pro Source Athletics LLC.

Phone: 214.797.6637

Phone: 316.259.8427

Fax: 888.360.4601

Member Name: _____

Parents' Names: _____

Recurring Monthly Payment: _____ Date: _____

*** Bank Draft Information:**

Bank Name: _____

Bank City, State, Zip: _____

Bank Transit/ABA No: _____

Bank Account No.: _____

Account Type: _____ Checking _____ Savings

****Please attach voided check from your account****

*** Credit Card Information**

Credit Card Type: _____ Exp Date: _____

Credit Card Number: _____

Cardholder's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: Days () _____ Evenings: () _____

The undersigned hereby agrees and authorizes Pro Source Athletics LLC. to process charges to the above credit card/bank account on a recurring monthly basis in the amount noted above. Said monthly charges shall continue until Member notifies Pro Source Athletics LLC., in writing, to cancel such charges. Pro Source Athletics LLC. requires a minimum of 30 days notice of intention to cancel membership and/or program privileges.

Member acknowledges that scheduled price increases may be automatically processed. Pro Source Athletics will mail notice of increases 30 days before they take effect.

Member agrees to provide updated credit card/bank information upon request. Pro Source Athletics LLC. needs updated information to continue to process monthly payments. Member understands that failure to provide valid credit card/bank information to Pro Source Athletics LLC. Will result in immediate suspension of membership privileges. All returned or declined funds will result in a \$35 returned charge.

Member agrees that this authorization is binding and irrevocable.

CARDHOLDER'S SIGNATURE: _____ **Date:** _____