



Vipers Hockey Club Fall 2020-2021 Payment Form /Automatic Payment Options

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Participant Name: _____ Level: _____ Skater or Goalie: _____

Participant Name: _____ Level: _____ Skater or Goalie: _____

Participant Name: _____ Level: _____ Skater or Goalie: _____

PLEASE NOTE: This is NOT your registration for the season! You **MUST** complete your registration online at www.vipershockeyclub.org to be considered registered for the season. This form is ONLY how you are choosing to pay for your remaining balance due for the season **AFTER** your registration fee is paid upon completion of your online registration.

Level of Play	Player Fee	Goalie Fee	Registration Fee Submitted Online	Remaining Balance Due Skater	Remaining Balance Due Goalie
Jr. Vipers Mite U8 (2012-2015)	\$1,850.00	\$1,025.00	\$550.00	\$1,300.00	\$475.00
Squirt U10 NIHL (2010/2011)	\$2,550.00	\$1,475.00	\$550.00	\$2,000.00	\$925.00
Peewee U12 NIHL (2008/2009)	\$2,750.00	\$1,575.00	\$550.00	\$2,200.00	\$1,025.00
Bantam U14 NIHL (2006/2007)	\$2,950.00	\$1,675.00	\$550.00	\$2,400.00	\$1,125.00
Girls U14 (2006-2009)	\$2,950.00	\$1,675.00	\$550.00	\$2,400.00	\$1,125.00
Midget 2004/2005	\$3,150.00	\$1,775.00	\$550.00	\$2,600.00	\$1,225.00
Midget 2002/2003	\$3,150.00	\$1,775.00	\$550.00	\$2,600.00	\$1,225.00
Girls U19 (2001-2005)	\$2,550.00	\$1,475.00	\$550.00	\$2,000.00	\$925.00
Squirt U10 CSDHL	\$3,200.00	\$1,800.00	\$550.00	\$2,650.00	\$1,250.00
Peewee 2009 CSDHL	\$3,300.00	\$1,850.00	\$550.00	\$2,750.00	\$1,300.00
Bantam 2007 CSDHL	\$3,500.00	\$1,950.00	\$550.00	\$2,950.00	\$1,400.00
Bantam 2006 CSDHL	\$3,500.00	\$1,950.00	\$550.00	\$2,950.00	\$1,400.00
U15 CSDHL	\$3,700.00	\$2,050.00	\$550.00	\$3,150.00	\$1,500.00
U16 CSDHL	\$3,700.00	\$2,050.00	\$550.00	\$3,150.00	\$1,500.00

Please Select Your Payment Option (CHECK NEXT TO OPTION):

One Payment in Full

- Sign and complete this form to authorize a one-time charge to your credit card or bank account listed below. By signing this form, you give permission to debit your account for the amount indicated on or after the indicated date below.
- **Funds will be automatically withdrawn from your credit card or bank account on September 25th, 2020.**

5 Monthly Installments

- You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated above each billing period. The dates for each billing period are listed below.
- **Funds will be automatically withdrawn from your credit card or bank account on the following dates:**
 - ❖ **September 25th, October 16th, November 20th, December 18st, & January 15th, 2021.**



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Please Select Your Billing Option:

• **Checking or Savings Account**

- **Checking Account** **Savings Account**

Account Number: _____

Routing Number: _____

Bank Name: _____

• **Credit Card or Debit Card**

Card Type: *circle one:* Visa MasterCard Discover AMEX **Financial Institution Name:** *(bank name on card)* _____

Card Holder Name: *(print)* _____

Credit Card # _____ **Expiration Date:** _____

Card Holder Billing Address: _____

Payment Agreement:

I hereby authorize the RecPlex and the financial institution designated above to automatically deduct from the account designated above for all participants listed on this form. I understand that if I am choosing the Paid in Full option my automatic deduction will occur on September 25th, 2020 or up to 5 business days thereafter. I understand that if I am choosing the 5 monthly installments option my automatic deductions will occur on September 25th, October 16th, November 20th, December 18th, and January 15th, 2020 or up to 5 business days thereafter. I understand that my bank statement will typically show the amount and the date payment was made to the RecPlex if paying with a credit card, or VPP if I am paying via a checking account. I understand that I am responsible for ensuring that the account designated above has sufficient funds on September 25th, 2020 and all other scheduled payment dates if choosing a payment plan option, or up to 5 business days thereafter, to allow for the automatic deduction of my payment. I understand that it is my responsibility to ensure the checking account # and routing # or credit card # are correct on this document and it is my responsibility to fill out a new form if I change financial institutions. I will notify the RecPlex Ice Arena Operations Supervisor of any changes to my account information, in writing, 2 weeks prior to my monthly auto draft deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I understand that any declined payments are subject to a \$25 NSF Fee. I understand that my account could be sent to a collection agency if declined payments are not collected.

Check Here: I have read and agree to the terms of this agreement, as well as the RecPlex bank draft payment schedule and its policies.

Account Holder's Signature: _____ **Date:** _____