



PAYMENT AUTHORIZATION

PLEASE COMPLETE THE FORM -- CHOOSE THE METHOD OF PAYMENT AND PAYMENT PLAN

Athlete's Name _____ Parent's Name _____

Parent's Email Address _____ Parent's Cell Phone Number (_____) _____

Billing Address _____

City _____ State _____ ZIP Code _____

PAYMENT SELECTION

Select one _____ Monthly Installments _____ Full Annual Payment with Discount *(Due August 20, 2020)*

ACH INFORMATION

Bank Name _____ Routing Number _____

Account Number _____ Select one _____ Checking _____ Savings

Preferred Payment Date _____ *If no date is written, payment will process on the 20th of each month*

CREDIT CARD INFORMATION

Credit Card Type ... Select one _____ Master Card _____ Visa _____ Discover *(We do not accept American Express)*

Credit Card Number _____

Expiration Date _____ 3 Digit Security Code _____ Billing Zip Code _____

All credit card payments will be charged a processing fee of \$1.50 per transaction

I understand that I am liable for and hereby authorize Titanium Force to withdraw funds from my account and/or charge my credit card for the purpose of paying any outstanding fees related to my account and that all fees are non-refundable.

Signature _____ Date _____