

WAZA FC East & Genesee Payment Option Selection & Automatic Payment Authorization

Annual Fee: \$ _____

Payment Option Selected (circle the payment option selected, and complete that section accordingly):

A. Full Payment of Annual Fee above by Team Registration Date. 3% Discount. Payment made by (circle one):

- a. Credit/debit card (provide information in section below)
- b. Check payable to WAZA FC, Check # _____

B. Payment Plan

First payment (at team registration) of \$ _____. Payment made by (circle one):

- 1. Credit/debit card (provide information in section below)
- 2. Check payable to WAZA FC, Check # _____

Remaining balance of \$ _____ will be paid in _____ monthly payments of \$ _____. Each payment is due on the 20th of each month (July, August, September, October, November, December). Payments will be made by (circle one):

- 1. Credit/debit card (provide information in section below), automatic recurring monthly payments will be established on the credit/debit account listed below.
- 2. Check payable to WAZA FC, mailed directly to:

Charlotte Shepherd, WAZA FC Club Manager
612 Wyngate Drive
Rochester, MI 48307.

Checks are to arrive no later than the 20th of each month, therefore, please be sure it is mailed at least 3 days in advance.

Credit Card Type: Discover Master Card Visa

Name as Shown on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____ (This is the 3 digit code located on the back of the credit card)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder: _____

Date: _____

