



Weston FC Premier Installment Payment Agreement

This is to confirm the arrangement made for payment of your 2018/2019 registration fee of \$_____. You must sign this letter indicating acceptance of the terms of this agreement.

Weston FC will accept payment of the account, commencing with an initial payment of \$_____, due on the day of registration. The balance of \$_____ is to be paid in three additional monthly installments of \$_____ each; which will be deposited/transacted on May 2018, July 2018, August 2018, respectively. **If any payments are returned a \$25 returned item fee will be charged to your account.** Player passes will not be issued until the full balance on the account is paid. If player passes have been issued and payments have not been satisfied as agreed, we retain the right to assess late fees and to withdraw the player pass for the player in question. Player pass will be returned when the full balance on the account is paid.

If you will be making the payments by check, please attach the initial payment and the additional checks for the balance, as agreed above for the payments.

If you would like the payments processed on your credit card, please complete below.

Credit Card Billing Authorization:

Player Name:	
Team Name:	U____ []Boys []Girls [] Academy [] Pre-Academy []Black []White []Blue []Gold
Credit Card Type:	[] Visa [] MasterCard [] American Express [] Discover
Name on Card:	
Credit Card Number:	
CVC Number (3 digits on back):	
Expiration Date:	
Billing Address:	
City:	
State:	
Zip Code:	
Email:	
Phone Number:	
Email Address:	

The Applicant agrees that all information provided is accurate and complete. Changes in the status of this card must be reported to information@westonfc.org

Authorized Signature: _____ Date: _____

For Weston FC use only:		
Check #	Date:	Amount:
Check #	Date:	Amount:
Check #	Date:	Amount:
Check #	Date:	Amount: