



**PAYMENT AUTHORIZATION FORM
2011-2012**

Chicago Fire Juniors offers a three (3) month payment plan with four convenient methods of payment to select from. The initial membership deposit for all plans is \$250 payable at the registration meeting. The three (3) remaining payments after your initial membership deposit will be \$115 each payable by your selected method below.

1. Pay fees in full by CASH, Credit Card, or Check - \$595.00

2. Credit or Debit Card - We will charge your card three (3) times on July 15, August 15, and September 15

3. Checks - You mail in three (3) checks on, July 15, August 15, September 15. *(If your check is not received by the 30th of the month, your credit card will be charged. There is a \$15.00 charge for insufficient checks.)*

4. Post Dated Checks - You may also elect to post-date your checks at registration. We will keep them on file and deposit them on July 15, August 15, and September 15. *(You would receive a reminder statement 2 days prior to depositing the checks.)*

Please review the payment options below and check only ONE that is most convenient for you.

- Pay fees in full at registration** *(If paying in full by credit card, please fill in card information below)*
- 3 Credit or Debit Card Payments** - July 15, August 15, and September 15.
- 3 Check Payments** - I will mail checks to CFJ July 15, August 15, September 15. *(If my checks are 15 days late, CFJ reserves the right to charge my credit card below).*
- 3 Post-Dated Check Payments** - I have attached three (3) post-dated checks dated July 15, August 15, and September 15. Please deposit them on those dates.

Failure to pay according to your monthly payment plan requires additional administrative support and, therefore, is subject to a \$10.00 per month late fee if the credit card on file is not valid.

CREDIT CARD INFORMATION – REQUIRED FOR ALL PLAYERS

This portion must be completed unless you have paid your fees in full by check.

If you selected the credit card payment plan or you are paying your fees in full by credit card, this is your authorization to charge your card. This form will be kept confidential by the Director of Finance and will not be duplicated. This form will be shredded when fees are paid in full.

Player Name: _____ Team Name: _____

Type of Credit Card: **VISA** **MASTERCARD**

Account No: _____

Expiration Date: _____ / _____ Security Code: _____

Name on Account: _____ Billing Zip Code: _____

Signature: _____ Date: _____

All player and coach travel expenses for tournament travel are billed separately by the team manager. Your invoices are payable within 10 business days. If they do not receive your payment, your credit card will be charged for travel invoices.

If you need to speak to someone regarding financial arrangements, please call **888-955-FIRE**.

**Chicago Fire Juniors Florida * PO Box 771796 * Naples, FL 34107
Phone 888-955-FIRE * Fax 239-491-7014
www.chicagofirejuniorsflorida.com**