

**NY SHARKS AQUATICS, INC. (Client)**

**Authorization for Automatic Payment of Meet Fees**

I authorize Tri-State Computer Consultants, Inc. d/b/a ScheduleMyPayment.com (Company) to automatically withdraw, by means of the Automated Clearing House (ACH), my meet fees from my checking or savings account as indicated below. The automatic withdrawal is to be processed no sooner than 3 days after each meet. Such payment is to be transferred in full to the NY Sharks Aquatics account in payment of my obligations.

ScheduleMyPayment.com will send me an email notification 2 days in advance of the automatic payment. I will also receive an email receipt on the day of withdrawal.

This authorization is to be effective immediately and will continue until terminated by me in writing or through my online account accessed on the Company's secure web site. I agree that such termination must be made at least 10 days before any scheduled payments.

If the funds in my account are insufficient to complete the automated withdrawal, I agree to pay a \$25.00 service fee via ACH withdrawal to the Company. This agreement does not modify any membership agreement I have with NY Sharks Aquatics, Inc.

Full Name \_\_\_\_\_ (Parent)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_ (required)

Checking – attach a copy of a pre-printed check

Savings – attach a savings account verification form from your bank

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Child(ren) \_\_\_\_\_

Past Due Amounts for Immediate Payment 2008 short course season \_\_\_\_\_

2009 long course season \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS COMPLETED FORM BY FAX TO 845-369-0408**  
**OR MAIL TO NY SHARKS AQUATICS 7 SONIA CT, AIRMONT, NY 10901**