



# Pleasant Prairie Patriots Summer 2018 Payment Form / Automatic Payment Options



**Parent/Guardian Name (Account):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Participant #1 First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Barracuda  Red  White  Blue  Senior  Fitness and Technique: 10 & Under  11 & Over  Masters

**Participant #2 First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Barracuda  Red  White  Blue  Senior  Fitness and Technique: 10 & Under  11 & Over  Masters

**Participant #3 First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Barracuda  Red  White  Blue  Senior  Fitness and Technique: 10 & Under  11 & Over  Masters

## Long Course Season (April 1-July 31)

Group	RecPlex Member Fee (Monthly/Season)			Non-Member Fee (Monthly/Season)		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Barracuda	\$55/\$220	\$50/\$200	\$45/\$180	\$65/\$260	\$60/\$240	\$55/\$220
Red	\$60/\$240	\$55/\$220	\$50/\$200	--	--	--
White	\$70/\$280	\$65/\$260	\$60/\$240	--	--	--
Blue	\$80/\$320	\$75/\$300	\$70/\$280	--	--	--
Senior	\$90/\$360	\$85/\$340	\$80/\$320	--	--	--
Fitness and Technique 10 & Under	\$45/\$180	\$40/\$160	\$35/\$140	\$55/\$220	\$50/\$200	\$45/\$180
Fitness and Technique 11 & Over	\$45/\$180	\$40/\$160	\$35/\$140	\$55/\$220	\$50/\$200	\$45/\$180
Masters	\$40/\$160	\$35/\$140	\$30/\$120	\$50/\$200	\$45/\$180	\$40/\$160



# Pleasant Prairie Patriots Summer 2018 Payment Form / Automatic Payment Options



**• Monthly Payments – Monthly Installments**

© Funds will be automatically withdrawn from your credit card or checking account on the 2<sup>nd</sup> Friday of each month

Your first installment will take place on April 13<sup>th</sup>, 2018 with all subsequent billings to occur on the 2<sup>nd</sup> Friday of each month, or up to 5 business days thereafter.

**Checking**

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

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

**Credit Card**

**Card Type:** (circle one) *Visa MasterCard Discover AMEX*      **Financial Institution Name:** (bank name on card) \_\_\_\_\_

**Card holder Name:** (print) \_\_\_\_\_

**Credit Card #** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Card holder billing address:** \_\_\_\_\_

**Checking or Credit Card Payment Agreement:**

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all participants listed on this form. I understand I will be charged monthly. My automatic deduction will occur on the 2<sup>nd</sup> Friday of each month, or up to 5 business days thereafter. I understand that my monthly bank statement will typically show the amount and the date payment was made to the RecPlex, if I am pay via a credit card, or VPP if I am paying via a checking. I understand that I am responsible for ensuring that the account designated above has sufficient funds on the 2<sup>nd</sup> Friday of each month or up to 5 business days thereafter, to allow for the automatic deduction of my payment. I understand that it is my responsibility to ensure the checking account # and routing # or credit card # are correct on this document and it is my responsibility to fill out a new form if I change financial institutions. I will notify the RecPlex of any changes to my account information, in writing, 2 weeks prior to my monthly auto draft deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I understand that any declined payments are subject to a \$25 NSF Fee.

**Statement Invoice Auto Billing**

Your billing will occur on the 2<sup>nd</sup> Monday of each month, with payment due that week Friday. You will receive an email notice that your balance has been placed due on your account. You have the option to pay your balance due on the RecPlex website or in person at our customer service locations. See a Customer service staff member for user set up. Failure to make payment by the due date will result in a \$20 per participant late fee. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I also understand that any declined payments are subject to a \$25 NSF fee.

**Check Here:**  I have read and agree to the terms of this agreement, as well as the RecPlex bank draft payment schedule and its policies.

**Account Holder's Name (Print):** \_\_\_\_\_

**Account Holder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Pleasant Prairie Patriots Summer 2018 Payment Form / Automatic Payment Options



**• Pay in Full – One Payment in Full**

© Funds will be automatically withdrawn from your credit card or checking account on April 13<sup>th</sup>, 2018 (The 2<sup>nd</sup> Friday).

**Checking**

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

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

**Credit Card**

**Card Type:** (circle one) *Visa MasterCard Discover AMEX*      **Financial Institution Name:** (bank name on card) \_\_\_\_\_

**Card holder Name:** (print) \_\_\_\_\_

**Credit Card #** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Card holder billing address:** \_\_\_\_\_

**Checking and Credit Card Payment Agreement:**

I hereby authorize the RecPlex and the financial institution designated above to automatically deduct from the account designated above for all participants listed on this form. I understand I will be charged on April 13<sup>st</sup>, 2018. I understand my automatic deduction will occur on the 2<sup>nd</sup> Friday of the month, or up to 5 business days thereafter. I understand that my bank statement will typically show the amount and the date payment was made to the RecPlex if paying with a credit card, or VPP if I am paying via a checking account. I understand that I am responsible for ensuring that the account designated above has sufficient funds on the 2<sup>nd</sup> Friday of the month or up to 5 business days thereafter, to allow for the automatic deduction of my payment. I understand that it is my responsibility to ensure the checking account # and routing # or credit card # are correct on this document and it is my responsibility to fill out a new form if I change financial institutions. I will notify the RecPlex of any changes to my account information, in writing, 2 weeks prior to my monthly auto draft deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I understand that any declined payments are subject to a \$25 NSF Fee.

**Statement Invoice Auto Billing**

Your billing will occur on the 2<sup>nd</sup> Monday of each month, with payment due that week Friday. You will receive an email notice that your balance has been placed due on your account. You have the option to pay your balance due on the RecPlex website or in person at our customer service locations. See a Customer service staff member for user set up. Failure to make payment by the due date will result in a \$20 per participant late fee. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I also understand that any declined payments are subject to a \$25 NSF fee.

**Check Here:**  I have read and agree to the terms of this agreement, as well as the RecPlex bank draft payment schedule and its policies.

**Account Holder's Name (Print):** \_\_\_\_\_

**Account Holder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration Agreement**

I agree to the policies and procedures set forth in the Patriots Swim Team Handbook. I understand that while participating at Patriots practices and events, the coach/official is in charge. By registering for a season of Patriots Swimming you agree to all volunteer obligations of that season under financial penalty laid out in the Team Handbook. RecPlex and Patriots Swimming has my permission to use any photographs taken during the program for the purpose of display or publicity.

**Emergency Treatment:** I grant RecPlex permission to administer emergency treatment. This may include, but is not limited to, emergency first aid, local rescue or local hospital/trauma center.

**Agreement:** I understand that I am responsible for the payment(s) as indicated on the previous page(s) for the enrolled season(s) regardless of attendance or participation. By signing, you indicate you are aware that the entire seasons fees are due, even if a member chooses not to participate. Failure to comply by this will result in suspension from the program.

**Payment:** Payments are due as indicated on the payment authorization form. I agree to make payments to Village of Pleasant Prairie/RecPlex no later than the due date. I understand that declined payments are subject to a \$25 NSF fee. Failure to make payment could result in suspension from the program.

By completing and signing the registration form, I understand and agree to the terms, policies and guidelines set forth in the Patriots Swimming Team Handbook. I agree to be responsible for all costs incurred with collecting debts that are past due, including but not limited to, fees for late payments, uncollected payments, filing fees, court costs, and attorney's fees.

**By signing below you understand and agree to Village of Pleasant Prairie/RecPlex payment terms and authorize Village of Pleasant Prairie/RecPlex to process your payments monthly. Village of Pleasant Prairie/RecPlex will securely maintain your financial information. Participants are responsible for updating with RecPlex any changes to your payment information, including credit card number; expiration date, credit card verification number, checking account information, and billing address changes.**

Check Here:  I have read and agree to the Pleasant Prairie Patriots Swimming Policies.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_