



**P.O. Box 8383  
Rockford, IL 61126**

**AGREEMENT FOR AUTOMATED CLEARINGHOUSE PAYMENTS**

Name \_\_\_\_\_  
(Please print)

I authorize the Rock Run Soccer Club, Inc. to initiate debit entries to my checking account indicated below and the bank/depository named below, to debit the same to such account. Such debit entries shall be for the purpose of payment in accordance with Installment Fee Agreement for the payment of Club fees agreed to by me and the Rock Run Soccer Club, Inc.

BANK/DEPOSITORY NAME: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. (Routing number from lower left hand side of check):  
\_\_\_\_\_

ACCOUNT NO. (From lower right hand side of check): \_\_\_\_\_

(Please attached copy of a voided check)

The authority is to remain in full force and effect until the Fee Agreement has been paid in full.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVED BY ROCK RUN SOCCER CLUB, INC.:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_