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Raglan Tumbling

Automatic Withdrawal Form

2017-2018

**Section 1**

Athletes Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization for automatic monthly withdrawal from bank or credit card:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Visa or MasterCard #:

|  |  |  |
| --- | --- | --- |
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| --- | --- | --- | --- | --- |
|  |  | / |  |  |

3 digit security code: Expiration Date:

Amount Per Month: $\_\_\_\_\_\_\_\_ Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A 30 day notification is needed to make draft changes or cancel the agreement

**Section 2**

Name on card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Section 3**

I hereby authorize Raglan Tumbling to initiate this automatic withdrawal from my checking or savings account each month between the **5th – 10th** depending on holidays and weekends. This authorization is to remain in effect until I inform Raglan Tumbling to stop the withdrawal from the above stated account.

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