



**CHESTERFIELD UNITED FOOTBALL CLUB
Extended Payment Plan Form**

Seasonal Year of Play _____ - _____

All players requesting to use the extended payment plan will be requested to have their payments automatically deducted by Chesterfield United Football Club.

Player's Name _____

Team _____

Parent's Name _____

Phone # _____

E-mail _____

Extended Payment Option: Families will be able to make 8 equal payments beginning AFTER the payment of the \$300 deposit is made.

Total Player Fee for Season-\$300 deposit: _____ **Total Fee/8:** _____

The above amount divided by 8 will be automatically deducted for the months of September, October, November, December, January, February, March, April.

Which day would you like us to run your credit or debit card?

_____ 1st of Month _____ 15th of Month

CHESTERFIELD UNITED FOOTBALL CLUB TERMS OF COMMITMENT

By Enrolling/Registering my son/daughter in CUFC and its extended payment plan, I recognize that I am obligated to pay CUFC travel fees according to the agreed payment plan and hereby authorize CUFC to deduct funds by credit card. I recognize that there is a \$25 fee for declined or insufficient funds

Parent/Gardian Signature

Date

CHESTERFIELD UNITED FOOTBALL CLUB

**EXTENDED PAYMENT PLAN
AUTHORIZATION FORM**



Option 1: CREDIT CARD AUTHORIZATION

If using credit card for expended payment plan the following is required:

Name on Card _____

Credit Card Type _____

Credit Card # _____

Expiration Date _____ CVS Code on Back _____

Billing Address _____

Signature of Cardholder _____

This payment authorization is valid and to remain in effect unless I _____
notify Chesterfield United Football Club of its cancellation by sending a 30 day written notice.