



Email Form to: vastfcc.paymentforms@gmail.com

I, _____ understand that a total of \$150.00 or \$ _____
(First and Last Name of Card Holder)

Will be drafted from my account every 5th day of the month, unless a 7-day written notice is administered to vastfcc.paymentforms@gmail.com.

Please Initial (Fees: \$150 for 1st child; \$75 for siblings; 10% Milt/LE discount)

_____ I understand that the NSF (Non-Sufficient Fee) charge is \$25.00. I understand I will be automatically charge.

_____ I understand it is my responsibility to inform in writing if I need to change my credit card details prior to the next withdrawal draft date, to avoid the credit card declining.

The fee is \$5.00 for declining cards for ANY reason. I understand I will be automatically charge.

_____ I must give a 7-day written notice to vastfcc.paymentforms@gmail.com to cancel my recurring payments.

_____ I give VAST Track and Field & Cross Country, LLC my permission to draft the above amount on the 5th day of every month. I understand once I submit this form there are no refunds.

Phone: _____

Billing Address: _____ Email: _____

Athlete(s) Name: _____

Zip Code: _____ Card # _____

Card Holder's Signature _____ Card Exp: _____/_____

CVV: _____

Today's Date _____