

# ACA KID'S CLUB PAYMENT INTENT FORM

ATHLETE NAME: \_\_\_\_\_ ATHLETE BIRTHDATE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT PHONE: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

Please select the option that most closely applies to your intentions of making scheduled Kid's Club Payments:

- I intend to participate fully in fundraising and rely solely on this option to complete my Kid's Club Payment Schedule.
- I intend to participate partially in fundraising opportunities and will also make personal deposits (cash/check/PayPal) to cover additional funds needed.
- I intend to participate in a combination of fundraising, making personal deposits, AND will expect any additional amount needed on specified due dates to be charged to my debit/credit card on file (with 4% fee).
- I intend for my debit/credit card on file to be used fully for EVERY scheduled Kid's Club payment, with the 4% fee.

Additional Notes/Comments: \_\_\_\_\_

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**REGARDLESS OF THE OPTION SELECTED ABOVE, YOU ARE REQUIRED TO PROVIDE DEBIT/CREDIT CARD INFORMATION TO BE INCLUDED IN YOUR KID'S CLUB ATHLETE FILE.**

NAME ON CARD: \_\_\_\_\_ CARD EXPIRATION M/YR: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ 3-DIGIT CVC \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CARD TYPE(please circle one): CREDIT or DEBIT

**ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY AND SECURELY CONFIDENTIAL**

PLEASE SIGN HERE TO CONFIRM YOUR UNDERSTANDING OF THE USE OF THIS CARD AS MEANS TO COMPLETE YOUR 24-25 ACA KIDS CLUB PAYMENT SCHEDULE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_