

PLEASE SUBMIT INITIAL FEE WITH THIS FORM

2008-09

FINANCIAL AGREEMENT AND CREDIT CARD AUTHORIZATION

TEXAS ELITE VOLLEYBALL ASSOCIATION

T.E.V.A., LLC

1. All billing will be electronic except the initial fee of \$500.00 or \$350.00. Please provide an e-mail address which you will check regularly. Checks will only be accepted if the season is paid for in full.
2. Payments **MUST BE** with Master Card, Visa, or Discover. Please complete the credit card authorization form below for credit card payments. Payments will be automatically charged electronically on the 17th of each payment month. A player cannot participate in practice or tournaments if fees are not current. There will be a late fee charged for credit cards that are declined.
3. All monies paid are credited to your account. Payments may not be assigned to another player. No money will be credited from one season to the next.
4. If you resign from the club or are unable to participate for any reason, all monies you have paid will remain with the TEVA organization. There are no refunds.
5. If for any reason, including injury, a player quits before the end of the club season, she will be responsible for the balance of fees owed up to the time of resignation from the club. The club director must be made aware if a player becomes unable to participate at any time. There are no refunds if directors are notified of non participation after the season is over.

TEVA CREDIT CARD AUTHORIZATION FORM 2008-09

Player Name: _____

I authorize Texas Elite Volleyball Association (TEVA) to process all charges incurred for the 2008-2009 club season to the credit card listed below. This includes any charges for the Standard and Post Season schedule and uniforms. I understand that resigning from the club does not constitute a refund.

Signature of authorized person for the charges _____

CIRCLE ONE: MASTER CARD VISA DISCOVER

Credit Card Number _____ Expiration Date _____

Authorization Code (if applicable) _____

Name on Card _____

Signature of Authorized Person _____

Billing Address: _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell Number _____

E-Mail Address _____

I understand that this is a legal binding document. I understand that if my credit card is declined, there will be a \$25.00 late fee charged to my credit card.