



DEBIT AUTHORIZATION AGREEMENT

SPRING CREEK ATHLETICS

14050 Park Drive - Tomball, Texas 77377

I (We) hereby authorize SPRING CREEK ATHLETICS, LLC, to initiate debit entries to my (our) Checking account indicated below at the depository named below, herein after called DEPOSITORY, to debit the same to such account.

DEPOSITORY
NAME _____
BRANCH _____
CITY _____
STATE _____ ZIP _____

ROUTING NUMBER _____
ACCOUNT NO. _____

This authorization is to remain in full force and effect until SPRING CREEK ATHLETICS, LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SPRING CREEK ATHLETICS, LLC and DEPOSITORY a reasonable opportunity to act on it.

(a signed DROP FORM will be required 2 weeks in advanced in order to stop payments)

NAME (S) _____
(Please Print)

ATHLETE'S NAME _____
(Please Print)

DATE _____

SIGNED X _____

SIGNED X _____

ATTACH VOIDED CHECK HERE

Debits will be made on the 3rd day of the month for the following month's tuition. If the third falls on a weekend, the debit will be made the previous Friday.