

# Electronic Funds Transfer Election Form

Account Holder Name(s): \_\_\_\_\_  
Monthly Tuition Amount: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Bank Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
(Circle one)  
First Date of Withdrawal: \_\_\_\_\_ Last Date of Withdrawal: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

By signing this form, I authorize Legacy Volleyball Club to withdraw program fees from the above referenced account on the first business day of every month. I understand that the withdrawal amount will automatically change if/when there is a change in the program fee. The deduction will also include any outstanding balance on my account. I also, understand that if for some reason my draft is not accepted, I will be responsible for the payment as well as any fees incurred by Legacy Volleyball Club.

I understand that this agreement will remain in effect until Legacy Volleyball Club has received 30 days written notice from me that it should be cancelled, changed, or until I withdraw from the program.

I agree to indemnify and hold harmless Legacy Volleyball Club for any claims arising out of transfers or deductions from my account pursuant to this agreement.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACH VOIDED CHECK HERE

-Office Use Only-  
Month Election is Effective: \_\_\_\_\_ Date for Last Election \_\_\_\_\_  
New Amount Confirmed and Correct: Yes No Participant number: \_\_\_\_\_  
Date Election was added on Banking Website: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_