



## PAYMENT PLAN AGREEMENT FORM

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Date: \_\_\_\_\_

Parent First Name: \_\_\_\_\_

Parent Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email #1: \_\_\_\_\_

Email #2: \_\_\_\_\_

Contact Phone Number #1: \_\_\_\_\_

#2: \_\_\_\_\_

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Player First Name: \_\_\_\_\_

Player Last Name: \_\_\_\_\_

Season: \_\_\_\_\_

Division/Level: \_\_\_\_\_

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TOTAL SEASON COST: \_\_\_\_\_

Number Months in Plan: \_\_\_\_\_

Initial Payment: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Remaining Balance: \_\_\_\_\_

Months in Plan: \_\_\_\_\_

\_\_\_\_\_ (Initial) Automatic Payment      \_\_\_\_\_ (Initial) Manual Payment

- If choosing Manual Payment, I understand that payments are to be paid no later than the 5<sup>th</sup> of every month in this agreement plan. If payment is not received by the 10<sup>th</sup>, I agree to allow the Bremerton Ice Center (BIC)/West Sound Hockey Club (WSHC) to automatically withdraw the monthly payment during the terms of this payment plan unless pre-approved and predetermined method has been agreed to by BIC/WSHC Management.
- If choosing Automatic Payment, I agree to allow the Bremerton Ice Center (BIC)/West Sound Hockey Club (WSHC) to automatically withdraw the monthly payment during the terms of this payment plan unless pre-approved and predetermined method has been agreed to by BIC/WSHC Management.
- I understand a valid credit card must be kept on file during the duration of my plan, for both the Manual and Automatic Payment forms.

Credit Card #: \_\_\_\_\_ Exp: \_\_\_/\_\_\_ Billing Zip Code: \_\_\_\_\_ CVC #: \_\_\_\_\_

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NAME (Print)

Signature

Date