## 2023-2024 Cheer Extreme All Stars Draft Authorization Form

Athlete Name:

For Returning Athletes:	
New Account	
Use account on file	
IF same account no need	
for Voided Check	

			_	
initiate debit entries and to initi in error to my account indicated called DEPOSITORY, to debit a in full force and effect until the	TREME ALL STARS, hereinafter called ate, if necessary, credit entries and adjuded below and the Financial Institution national and/or credit the same to such account. COMPANY has received written notificanner as to afford the COMPANY and in it.	ustments for amed below The author fication from	or any debit en w, hereafter prity is to rema om me of its	•
NOTE: 30-day written notice is passed.	s required to stop draft. Draft will be st	topped afte	er 30 days hav	e
Draft shall be used to for registr skills camp or any applicable at	ration, tuition, competition fees, crosso thlete fees.	over fees, c	oaches fees an	nd
Customer Name:			Registration:	Comp Fee:
			May	June
Customer Address:			Tuition:	July
			May	Aug
			June	Sept
E-mail address:			July	Oct
Homa Dhona	Cell Phone:		Aug Sept	Nov
Trome r none.			Oct	Dec Jan
			Nov	Feb
Douls Douging Namehous			Dec	Mar
Bank Routing Number:			Jan	
Account Number to be drafted:			Feb	Skills Fees:
			Mar	
Bank Name:				Practicewear:
				<del></del>
Customer Signature:		Date:		

ATTACH VOIDED CHECK HERE