**Dakota High School**

**Athletic Department**

21051 Twenty One Mile Road

Macomb Township, MI 48044-2909

**Athletic FAX 586-723-2801 - Athletic Office 586-723-2800**

**Michael J. Fusco, CMAA, Athletic Director**

**EFT AUTHORIZATION FORM**

Completion of this form is required for all student athletes that participate on non-funded athletic teams at Dakota High School. This authorization form allows us to bill your credit/debit card when your Payment Amount is not paid as outlined in this paragraph. When payment is not made on the due date, your student is given a seven day grace period in which the athlete may practice and play until the payment is made. If payment is not made after the seven days, the athlete may practice, but not play. After these two periods are up, your credit card will be charged. If the credit card listed cannot be charged, your athlete cannot play or practice. If at any time I decide to make changes to this payment method, I will notify Chippewa Valley Schools as it will not affect the terms of this contract or the Agreement discussed in the paragraph below.

**NON-FUNDED ATHLETIC PROGRAM ACKNOWLEDGEMENT**

By signing this document, I acknowledge that I have received, read, and agreed to the Parent/Guardian and Athlete Code of Conduct Agreement for the listed or circled non-funded Dakota Team. My child (athlete) and I will abide by the regulations listed within the Agreement. I understand that I am responsible for all charges which are incurred even if my child (athlete) is no longer on the team for whatever reason. I agree to pay all charges. I also agree that my child (athlete) and I (parent/guardian) will abide by the rules and behavior expectations identified in the Parent/Guardian and Athlete Code of Conduct Agreement.

**STUDENT ATHLETES NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NON-FUNDED PROGRAM: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STUDENT ATHLETES SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Chippewa Valley Schools to make my delinquent payment on my behalf from the credit/debit account listed. Circle one: Visa MasterCard

Credit/Debit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**PLACE THIS COMPLETED FORM IN A SEALED ENVELOPE WITH THE LAST NAME OF THE ATHLETE PLUS THE NON-FUNDED TEAM LISTED ON THE FRONT. TURN IN THE SEALED ENVELOPE TO THE COACH. SEALED ENVELOPES WILL BE KEPT SECURE IN A SAFE. THEY WILL ONLY BE OPENED IF PAYENT SCHEDULE OUTLINED ABOVE IS NOT MET.**