



UNIVERSITY OF SOUTH CAROLINA ATHLETICS DEPARTMENT

1304 Heyward Street Columbia, SC 29208 803.777.4274 1.800.4SC.FANS

ACH Recurring Payment Authorization Form

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment will always be on time (even if you're out of town), eliminating late charges
- Save handling fees: once enrollment is complete we discount your handling fee to the online rate

Here's how recurring payments work:

You authorize regularly scheduled debits to your checking account. Your account will be debited the amount indicated on your billing statement.

Note: You must provide notification at least 21 days prior to your due date of any changes to your ACH account information.

Please complete the information below:

I, _____, authorize **University of South Carolina Athletics Department** to debit the bank account indicated below on the **15th** of each month for payment of my obligations.

GAMECOCK CLUB ACCOUNT # _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking/Saving PLEASE ATTACH COPY OF VOIDED CHECK

Name on Acct _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____



Terms and Conditions: I understand and agree that any and all changes in my account information, including request to terminate this agreement, must be in writing and be delivered to the University of South Carolina Athletics Department, at 1304 Heyward Street, Columbia, South Carolina 29208, at least 21 days prior to the next due date.

If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account on the payment due date. In the case of an ACH transaction being rejected for

Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that a late charge of \$15 dollars will be assessed if the amount due is not received in good and collected funds by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____