

2023 Powerballers Fees and Payment Options

Any payment in full by cash, check or credit card will earn your ballplayer a \$75 credit in the team store. Payment plans will be processed as follows:

Full Time Powerballer- Winter-Spring/Summer-Fall \$5000

Deposit \$250 (Cash, Check or Credit Card)

Balance: \$4750

Payment Plan- ACH payment on the 1st of each month/ \$5 monthly processing fee
Payment is processed on the first of each month, beginning December 10, 2022 and ending September 10, 2023
\$475 +\$5 processing fee monthly

Part Time Powerballer- Spring/Summer \$2500

Deposit \$250 (Cash, Check or Credit Card)

Balance: \$2250

Payment Plan- ACH payment on the 1st of each month/ \$5 monthly processing fee
Payment is processed on the first of each month, beginning December 10, 2022 and ending June 10, 2023
\$321.50 +\$5 processing fee monthly/Final Payment \$321. + \$5 processing fee

Winter/Summer Powerballer- \$4000

Deposit \$250 (Cash, Check or Credit Card)

Balance: \$3750

Payment Plan- ACH payment on the 1st of each month/ \$5 monthly processing fee
Payment is processed on the first of each month, beginning December 10, 2022 and ending June 10, 2023
\$535.75 +\$5 processing fee monthly/Final payment \$535.50 + \$5 processing fee

Summer/Fall Powerballer - \$3500

Deposit \$250 (Cash, Check or Credit Card)

Balance: \$3250

Payment Plan- ACH payment on the 1st of each month/ \$5 monthly processing fee
Payment is processed on the first of each month, beginning December 10, 2023 and ending September 10, 2023
\$325 + \$5 processing fee/monthly

ACH AUTHORIZATION FORM

COMPANY NAME: Powerballers Baseball COMPANY ID# _____

I/We authorize the COMPANY (named above) to initiate credit/debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of automatically crediting/debiting funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

DEPOSITORY NAME: Embassy Bank for the Lehigh Valley

BRANCH: 100 Gateway Dr Ste 300 PHONE: 484-893-8745 Ext. 10154

CITY: Bethlehem STATE: PA ZIP: 18020

ACCOUNT TITLE: _____

ACCOUNT NUMBER: _____ **Attach voided check**

ROUTING NUMBER: _____

CHECKING SAVINGS OTHER _____

New Authorization Change to Previous Termination

Monthly Withdrawal Amount: \$
Monthly Processing Fee: \$5.00

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

If you choose to terminate this agreement, you will be responsible for the full remainder of the season fees within 15 days of termination.

NAME: _____ ID# _____

SIGNATURE _____ DATE _____