



**2009/2010 WEST DES MOINES SOCCER CLUB
PAYMENT PLAN AGREEMENT FOR AGE GROUPS U15-U19 BETWEEN
THE WEST DES MOINES SOCCER CLUB
AND**

Responsible Parents/Guardians Names _____

Player's Name: _____

Address: _____

The above named Parent(s) agree to the following payment plan for all Select fees owed for the above named soccer players. The Parents agree the fees are **nonrefundable** and all payments listed are due on the dates specified and is not conditioned on **whether the player has withdrawn from the Club or whether the player is still active with the West Des Moines Soccer Club** and will be automatically withdrawn from their bank accounts according to the attached Automatic Payment Withdrawal Agreement. In the event the payment is returned for any reason for nonpayment by the bank, the Parents agree to an additional service charge of \$25 for each payment returned.

Total Select Fees:	\$895
Due upon the acceptance of the Select bid:	\$445 (\$95 Registration + \$350)
Due on August 15, 2009:	\$225
Due on September 15, 2009:	\$225

Agreed to this ____ day of _____, 2009

Parents: _____

By signature above, the Parent(s) acknowledge the receipt of Iowa Soccer Association's and the Des Moines Area Select Soccer Coalition's policy for nonpayment of amounts owed to affiliates of the Iowa Soccer Association.



AUTOMATIC PAYMENT WITHDRAWAL

To: West Des Soccer Club
P.O. Box 25010
West Des Moines, Iowa 50265

Re: Select Fees for the year August 1, 2009 to July 31, 2010

As a convenience to me, I hereby request and authorize the Financial Institution named to withdraw any sums owing pursuant to the Payment Plan Agreement with the West Des Moines Soccer Club. I understand each payment will be charged to an account specified by me. I agree that the payment shall be treated as if it were a check or withdrawal personally signed and authorized by me. This authorization will remain in effect until you receive a written notice from me to terminate this agreement. I reserve the right to stop payment of a charge by notifying you 30 days in advance of that charge. I understand that **the West Des Moines Soccer Club** and the Financial Institution named reserve the right to void this agreement by giving written notice to me.

**In order for the payment to be deducted properly, please attach
a voided check with this agreement.**

PLEASE PRINT NAME AS IT APPEARS ON THE ACCOUNT			
ADDRESS	CITY	ST	ZIP
NAME OF FINANCIAL INSTITUTION			
ADDRESS OF FINANCIAL INSTITUTION	CITY	ST	ZIP
ROUTING NUMBER (9 DIGIT NUMBER)	ACCOUNT NUMBER		
SIGNATURE		DATE	
X		X	

DES MOINES AREA SELECT SOCCER COALITION (DMASSC)

Bad Standing and Player Eligibility

Any soccer player may be put into bad standing or lose player eligibility for non-payment of fees owed to ISA or an affiliate of ISA (ISA Bylaws Article II) including one of the Des Moines Area Select Soccer Coalition Member Clubs.

Penalties- Player cards may be collected by the club and withheld until the outstanding balance is cleared up with the DMASSC member club and written verification from the club is received by ISA. If the outstanding balance is not cleared up by the end of the season, select players will not be offered bids to play for another DMASSC member club until written verification is received from the club in which an outstanding balance still remains.

January 1 and June 1 of each year a list of players with outstanding balances owed to their current member club will be submitted to ISA for sanctioning.

DMASSC Member Clubs: Ankeny, Johnston/Urbandale, Menace, Soccer South, Vision Soccer Academy of Waukee, West Des Moines