



RECURRING PAYMENT FORM

Athlete(s) Name(s): _____

Request Type (Check One):

NEW enrollment **CHANGE** information **CANCEL** recurring payment

Credit/Debit Card Information

Card: VISA MASTER CARD TERM: J F M A M J J A S O N D

Amount \$ _____ .00 (Date of Transaction is the 15th of each month)

Card Number: _____ Expiration Date: _____

Name on Card: _____

Home Address _____ City/State _____ Zip _____

Authorized Signature: _____ Today's Date _____

The customer identified above (herein referred to as "Customer" or as "I" or "my") authorizes 100% HOOPS, LLC ("100% HOOPS") to initiate scheduled recurring electronic funds transfers from Customer's checking or savings account identified herein for payments due from time to time.

I understand that I have the right to receive written notice of the scheduled date and amount of each transfer varying in amount from the previous transfer and, accordingly, transfers pursuant to this authorization shall be initiated by 100% HOOPS only in the amount shown.

I understand that authorization of electronic funds transfers from my checking or savings account as the method of making payments to 100% HOOPS is entirely **optional** and is not required to obtain or maintain my participation with 100% HOOPS

I understand that I may at any time, by written notice to 100% HOOPS, request that electronic transfers from my checking or savings account pursuant to this authorization be discontinued, and that 100% HOOPS will not initiate further electronic transfers from my checking or savings account pursuant to this authorization after 100% HOOPS has received my written notice and had a reasonable period of time in which to act upon it. (This is in addition to my rights to stop payment by directly contacting the financial institution where I have the checking or savings account listed herein).

I understand and authorize all of the above as evidenced by the signature above and acknowledge receiving a copy of this authorization.



eNotice

By enrolling in this program, your receipt of transaction will be emailed to you. Please provide in the space below an email address that 100% Hoops can use to notify you when your monthly payment occurs.

Email Address: _____

Return the completed form by:

Fax: **OR**
1-413-451-7092

Mail:
100% Hoops. llc
Attn: Christopher Thomas
P.O. Box 3605
Carmel IN 46082-3605

Terms and Conditions

Each athlete is **REQUIRED** to have a credit/debit card number on file in regard to method of payment. This card may be used for the following:

Medical- In the event of emergency and medical services.

Equipment Purchases- 100% HOOPS will use some non-traditional equipment that many athletes enjoy and like to buy. We can provide a list of the manufacturers to order from, or it can be purchased from our very limited stock.

Extension of Agreement- In the event that you wish to extend your contract.

Penalties-ANY penalties, chargeback fees, etc. that result from non-payment, WILL AUTOMATICALLY BE CHARGED TO YOUR CREDIT/DEBIT CARD.

There will be no change in the bill cycle or due date of the 100% Hoops.

If an 'item' is returned as insufficient funds, a returned debit item fee of \$25.00 will be charged to your account.

Participant with a payment that is returned 2 (two) months in a row will be automatically cancelled from the program.

All written notices to 100% Hoops must be sent to the following address:

100% Hoops, llc
Attn: Christopher Thomas
P.O. Box 3605
Carmel IN 46082-3605

Regulation E 205.10 (b)

Written authorization for pre-authorized transfers from consumer's account. Pre-authorized electronic fund transfers from a consumer's account may be authorized only by writing, signed, or similarly authenticated by the consumer. The person that obtains the authorization shall provide a copy to the customer.

05/01/2005

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