

February 25<sup>th</sup>, 2010



Dear Ultimate Athletics Parents/Guardians,

Ultimate Athletics is going paperless!! Here is our new way for you to pay your monthly invoice—without wasting checks and stamps. Simplify your life with automatic payments. With your approval, payment can automatically be deducted from your bank, savings and loan or credit union account. In addition to convenience, this Automatic Payment Plan eliminates the worry of whether or not your bill is paid on time, even if you are out of town on the payment due date. Ultimate Athletics offers an automatic payment authorization plan to make your payments easy and convenient, saving you time and perhaps postage. It also eliminates the worry of whether or not your invoice payments are being made in a timely manner. Simply complete the authorization below to begin the Automatic Payment.

The enclosed authorization form explains how the program works. After you have reviewed it, I hope you will complete the authorization form and return it to the office of Ultimate Athletics or via mail to PO Box 6265, Rochester, MN 55903. Be assured that you will always be notified in advance of any premium payment changes.

The Automatic Payment Plan is intended not only to make your monthly tuition payment simpler and more convenient, but will also help us control expenses so that we may continue to provide you with top quality service at a competitive price.

Please sign the authorization and return it today!

Sincerely,

*Sara Lent*

Sara Lent  
Owner of Ultimate Athletics LLC

**Automatic Payment Authorization:**

I hereby authorize the Ultimate Athletics to deduct my monthly invoice automatically. I further authorize my financial institution, indicated on the **attached voided check** for checking account deductions or receipt for savings account deductions, to initiate debit entries on the specified account to pay the amount designated. This authority is to remain in effect until Ultimate Athletics and my financial institution have received my notification of its termination in such time as to afford a reasonable opportunity to act on it. I have the right to stop payment of a debit within seven (7) days of the invoice date. I am responsible for notifying both Ultimate Athletics and my financial institution if I decide to terminate this arrangement. I understand that both Ultimate Athletics and the financial institution indicated also have the right to terminate this contribution plan or my participation in it.

*Please Print*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Invoice Schedule \$ \_\_\_\_\_ per (circle one) Month Quarterly Biweekly

Deduction to begin (indicate month) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign this authorization and attach a voided check for a checking account deduction or a deposit slip for a savings account deduction. Return to Ultimate Athletics.**