

FAMILY NAME: _____ ATHLETE NAME(S): _____

Rock River United Payment Options

Complete and return to RRU Treasurer

CASH AMOUNT: _____

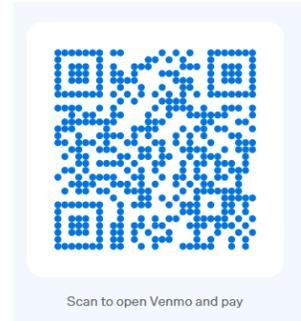
CHECK #: _____

VENMO

ACH Monthly ACH

Make checks out to
Rock River United
and mail to:

ROCK RIVER UNITED
PO BOX 16
OREGON, IL 61061



RRU FEE 2025/2026: Please check the boxes below for the fees you are making a payment for.

<p>MEMBERSHIP FEES:</p> <p><input type="checkbox"/> 1st athlete = \$250</p> <p><input type="checkbox"/> 2nd athlete = \$200</p> <p><input type="checkbox"/> 3rd athlete = \$150</p> <p>Household Cap = \$600</p>	<p>MONTHLY MEMBERSHIP FEE OPTION: <i>(ACH withdrawals for 10 months)</i></p> <p><input type="checkbox"/> 1st athlete = \$26/month</p> <p><input type="checkbox"/> 2nd athlete = \$22/month</p> <p><input type="checkbox"/> 3rd athlete = \$18/month</p> <p>Household Cap = \$66/month</p>	<p>SPORTS FEES:</p> <p>\$75 per athlete per sport <i>Paid in full by the first practice</i></p> <p><input type="checkbox"/> Boys or <input type="checkbox"/> Girls Basketball</p> <p><input type="checkbox"/> Boys or <input type="checkbox"/> Girls Soccer</p> <p><input type="checkbox"/> Boys or <input type="checkbox"/> Girls Volleyball</p> <p><input type="checkbox"/> Trap - <i>may have additional fees.</i></p>
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Direct Payment (ACH) Authorization Form

I authorize Rock River United Inc to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

NAME – Please Print _____ DATE _____

STREET ADDRESS – Please Print _____ CITY _____ STATE _____ ZIP _____

NAME OF FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING or SAVINGS

FINANCIAL INSTITUTION ROUTING NUMBER: _____
(found between these symbols I: I: on the bottom left of your check)

PAYMENT FREQUENCY: ONE-TIME MONTHLY on the 1ST OR 15TH (CIRCLE ONE)

AMOUNT: \$ _____ SIGNATURE: _____