



LONG ISLAND DUCKS PROFESSIONAL BASEBALL CLUB APPLICATION FOR AUTOMATIC WITHDRAWAL

Business/Organization:
Name

Mailing Address:
Street/PO Box City State Zip

Contact Name:
Primary Contact Title Email Address

Contact Information:
Primary Phone Work Phone Cell Phone

DRAFT INFORMATION

Total: \$ Monthly Withdrawal: \$ First Draft Date:

1 Checking: **ATTACHED VOIDED CHECK ONLY** Number of Payments:

OR

2 Credit Card: Acct#: Exp Date:

Billing Address: CIV Code:

City/State/Zip:

I, authorize my financial instituion to transfer the monthly wihtdrawal above to the Long Island Ducks Professional Baseball Club, LLC on or about the 15th or 30th of each month. I understand that this transfer of funds is continuous until the number of payments/and any open balance is met for the season. Any change in the draft information above is my sole responsibility to notify the Long Island Ducks Professional Baseball Club, LLC within 30-day period through written notice.

Date: Signature:

NOTES: (OFFICE USE ONLY)

LI DUCKS REPRESENTATIVE:

Purchased: (check all that apply)

Season Ticket Account #
Ten-Game Plan
Other