



Impact Baseball Academy Auto Withdrawal Form

Athletes Name(s): _____

****Bank Info:**

Account Holder Name: _____

Routing Number: _____

Name of Bank: _____

Account Number: _____

******(Please provide a voided check for automatic withdrawal)

- OR -

****Credit Card Info:**

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____

By providing the information listed above i understand and agree to the following items:

I allow Impact Baseball Academy to auto withdraw from the account/card listed above on the 1st day of each month for club and tournament fees in the amount of \$_____

SIGNATURE: _____ DATE: _____