



PGA™

AUTHORIZATION AGREEMENT FOR
PRE-ARRANGED PAYMENTS
(ACH CREDITS/DEBITS)

I (We) hereby authorize PGA of America and PGA Sections, herein after called COMPANY, to initiate credit entries, debit entries and/or correction entries to our Checking Savings account (select one) indicated below at the depository named below, herein after called DEPOSITORY, to debit the same to such account.

NAME ON ACCOUNT

EMAIL ADDRESS (For Confirmation)

BANK NAME

CITY, STATE

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

NAME OF PAYEE

TAX ID NUMBER

SIGNATURE

DATE

YOU MUST ATTACH A VOIDED CHECK OR BANK LETTER WITH BANKING INFORMATION TO THIS FORM OR YOU WILL NOT BE PAID ELECTRONICALLY.

Please remit forms to:
Dawn Newell
The PGA of America
300 Avenue of the Champions, Suite 205
Palm Beach Gardens, FL 33418
or email dnewell@pgahq.com