



**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. I have attached a blank voided check for the account noted below.

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

LAST FOUR DIGITS OF SS# or tax ID

**If PGA of America member please provide member number:

PGA OF AMERICA MEMBER NUMBER

SIGNATURE

DATE

*****Please list which section you are affiliated with*****

Please mail completed form and **VOIDED CHECK/BANK LETTER:**

**PGA of America Finance Dept
300 Avenue of the Champions, Ste 205
Palm Beach Gardens, FL 33418
Attn: Dawn Newell**