



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

I (We) hereby authorize, PGA of America and PGA Sections, herein after called **THE COMPANY**, to initiate credit entries, debit entries and/ or correction entries. Please select the account you would like to use from your depository bank named below, **Checking account** **Savings account**

THE NAME ON THE BANK ACCOUNT

EMAIL ADDRESS (For Notification)

THE NAME OF THE DEPOSITORY BANK

CITY, STATE

ACCOUNT ABA NUMBER | : 9 DIGITS | :

ACCOUNT NUMBER

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

NAME OF PAYEE

TAX ID or LAST FOUR DIGITS OF SS#

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

****PGA OF AMERICA MEMBER NUMBER**

SIGNATURE

DATE

**PGA of America
Finance Dept
300 Avenue of Champions
Palm Beach Gardens, FL 33418
Attn: Dawn Newell
dnewell@pgahq.com or 561-624-7673**