



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 TO THIS FORM OR YOU WILL NOT BE PAID ELECTRONICALLY.***

Please remit forms to:  
Dee Jersey  
The PGA of America  
300 Avenue of the Champions, Suite 205  
Palm Beach Gardens, FL 33418  
or fax to (561) 624-7642