

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

**South Florida PGA**

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**SECTION NAME**

I (We) hereby authorize \_\_\_\_\_ PGA Of America \_\_\_\_\_, herein after called **COMPANY**, to initiate 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.

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**NAME ON ACCOUNT**

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**EMAIL ADDRESS** (For Confirmation)

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**BANK NAME**

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**CITY, STATE**

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**BANK TRANSIT/ABA NUMBER**

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**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.

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**NAME OF PAYEE**

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**TAX ID NUMBER**

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**SIGNATURE**

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**DATE**

Please Mail or Fax to: PGA of America, 100 Ave of the Champions, Palm Beach Gardens, FL 33418  
Fax # (561) 624-8439