

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

SOUTHWEST SECTION, PGA of America

I (We) hereby authorize the Southwest Section, PGA of America, herein after called SWSPGA, to initiate credit entries and/or correction entries to our Checking/Savings account (select one):

Checking _____
Savings _____

Indicated at the depository named below, herein called depository, to credit the same account.

Complete this ONLY if information NOT shown on your Check or Deposit slip.

Depository Name: _____ Branch: _____
City: _____ State: _____

Bank Transit/ABA Number _____
Account Number _____

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

NAME (S)

Signature Tax ID/SS# Date

Signature Tax ID/SS# Date

Please Attach Voided Check or deposit slip