

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

I (We) hereby authorize <u>Pacific Northwest Section of the PGA</u> , 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
Is this a personal bank account or a business bank	account (select one)
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. The COMPANY also reserves the right to discontinue this service at any time at our discretion.	
	XXX-XX-
NAME OF PAYEE	LAST 4 DIGITS OF YOUR TAX ID NUMBER
SIGNATURE OF PAYEE	DATE
R100	
Please mail completed form and VOIDED	

Please mail completed form and **VOIDED**

CHECK (if available) to the following address:

PNW PGA

Attn: Accounts Payable

PO Box 14819 Tumwater, WA 98511-4819 Or Fax to: 360-456-6745

attn: Rebekah Woods