

Fax to (904) 280-4787
 Attn: Kelly Kristoff or
 Scan and email to
 KellyKristoff@PGATOURHQ.com



Or Mail to PGA TOUR
 Kelly Kristoff
 1 PGA TOUR Boulevard
 Ponte Vedra Beach, FL 32082

PGA TOUR/Champions Tour Caddies Direct Deposit Form

Name	Social Security Number (or Tax ID #) _____ - _____ - _____
Mailing Address	Email Address
City State Zip	Phone Number ()

Your Financial Institution	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Financial Institution Address	Routing Number (ACH)
	Account Number

IMPORTANT! Please attach a voided check with this form (not a deposit slip). A deposit slip is only acceptable for a savings account.

I hereby authorize PGA TOUR, Inc. to initiate credit entries and, if necessary, debit entries (adjustments for any erroneous credit entries only) to my account with the Financial Institution listed above. This authority is to remain in full force and effect until PGA TOUR, Inc. has received my written notification of its termination. I understand that PGA TOUR, Inc. and the above named Financial Institution must have a reasonable opportunity to act upon such termination notice.

Participant Signature X	Date
---	------