4Q1-Electronic Funds Transfer (EFT) Authorization Application for
The First Tee of St. Petersburg Partners Program

I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections.

Donor Name / Sponsor Company Name: _____

Email: _____

Address: _____City: _____State: ____ Zip: _____

Phone #: _____

Donation Payment: Recurring Option

Payment Method (Check One): BANK ACCOUNT_____ VISA_____ MC_____ DISC_____ AMEX_____

Bank Account Information: [ ] CHECKING ACCOUNT [ ] SAVINGS ACCOUNT

Bank Name _____

Routing Number (9 Digits): _____ Account Number: _____

Routing numbers starting with 5 are invalid.

Credit Card Account Information:

Card Type _____ Card Number: _____

Expiration Date: _____Billing Zip Code_____

Donation Payment Instructions: **[ ] MONTHLY [ ] QUARTERLY [ ] ANNUALLY**

Donation Amount: _____

I prefer my payment to be drafted on
[ ] The 1st day of the month (or nearest banking day)
[ ] The 15th day of the month (or nearest banking day)
[ ] OTHER – please fill in your preference: _____ day of the month

Payment Start Date (MM/DD/YYYY): _____/_____/_____

If this form is received by GMS after the first scheduled draft, should payments be forced? **[ ] Yes [ ] No**

I hereby authorize Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

X _____ _____

Payer's Signature **Date**

Check one: [ ] NEW PARTICIPANT [ ] CHANGE

*****PLEASE NOTE THAT IF YOU CHOOSE THE RECURRING PAYMENT OPTION AND ARE PAYING BY A CHECKING ACCOUNT BANK DRAFT YOU MUST ATTACH A VOIDED CHECK WITH THIS FORM.*****

ATTACH CHECK HERE ***ATTACH CHECK HERE***