



2411 Meadow Gate Dr
Greensboro NC 27455
(336) 392 - 4909

ACH Payment Authorization Form

Sign and complete this form to authorize GProTour LLC to make a purse distribution credit to your checking or savings account.

By signing this form, you give us permission to credit your account for the amounts earned at events.

Please complete the information below:

I _____ authorize GProTour LLC to credit my bank account
(full name)

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Num. _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds can credit my account as soon as the above noted date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute GProTour LLC's credit with my bank so long as the transaction corresponds to the terms indicated in this agreement.