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**EMERALD LAKE HOMEOWNERS' ASSOCIATION, INC.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

**Association Account #:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

I/We hereby authorize GRS Community Management to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below named account on the **FIFTH (5TH) day of each month/quarter** based upon the Association's budget. This authority will remain in effect until I/we notify you. I/we understand the amount of the debit may change on an annual basis according to the requirements of the Association named above. I/we acknowledge that the origination of EFT transactions to my/our account must comply with the provisions of US law.

**Bank Name:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**(9-Digit Number found on the lower left side of your check)**

**First Payment Date to be debited from your account:** \_\_\_\_\_

\*\*\*\*The deadline date for new registrations or changes is the 20th of the month to be effective for the following month.

**Account Owner Signature:** \_\_\_\_\_

**Account Owner Print Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**YOU MUST INCLUDE A BLANK VOIDED CHECK**

Please continue to mail your remittances until you receive confirmation from GRS of the automatic draft. **Also please note that Special Assessment Payments are NOT eligible for EFT payments.**

*Your account must be at a ZERO balance in order for EFT to be processed and set up for payments.*

If you should have any questions, please do not hesitate to contact our dedicated Resident Services team at (561) 641-8554 or by email to: [residentservices@grsmgt.com](mailto:residentservices@grsmgt.com).