



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

Association Name: \_\_\_\_\_

I/we hereby authorize GRS Management Associates, Inc. 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 quarter based on our Association 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 U.S. law.

Name of Your Bank: \_\_\_\_\_

The bank account number to be debited: \_\_\_\_\_

Your Bank's Routing/Transit Number: \_\_\_\_\_

(9-digit number found on lower left side of check)

**Property Account/Unit # (VERY IMPORTANT):** \_\_\_\_\_

**Date first payment is to be debited from your account:** \_\_\_\_\_

Account Owner's Signature(s): \_\_\_\_\_

Account Owner's Name(s): \_\_\_\_\_

(Please Print)

Date this form was signed: \_\_\_\_\_

Your phone number: \_\_\_\_\_

**YOU MUST INCLUDE A BLANK VOIDED CHECK**

**Send to:           GRS MANAGEMENT ASSOCIATES, INC.,  
3900 WOODLAKE BLVD, SUITE #309  
LAKE WORTH, FL 33463**