



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 between the first (1st) and fifth (5th) day of each quarter/month 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**

Or Fax to: (561) 641-9448