

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD # 309, LAKE WORTH, FL. 33463
PHONE (561)641-8554 FAX (561)641-9448
www.grsmgt.com

Association Name: _____

Property Address: _____

I/We hereby authorize GRS Community Management to initiate EFT/ACH 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 Routing Number: _____

Bank Account Number: _____

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.
- Special Assessments cannot be processed by EFT / ACH, only the regular maintenance fees.
- Your account must have a **ZERO BALANCE** for your EFT / ACH to be added.

Account Owner Signature: _____

Account Owner Print Name: _____

Email: _____

Date Signed: _____ Phone #: _____

Please continue to mail your remittances until you receive our confirmation of the automatic draft. ******* YOU MUST INCLUDE A BLANK VOIDED CHECK**

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.