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CLOISTERS PROPERTY OWNERS' 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.