

**Electronic Funds Transfer Authorization Form**

I/we hereby authorize Fidelity Federal Savings Bank 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 in the amount of \$\_\_\_\_\_. This authority will remain in effect until I/we notify Fidelity Federal Savings Bank otherwise. I/we understand the amount of the debit may change on an annual basis according to the requirements of LAKES AT BOCA RATON HOA. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

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

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

Your Bank's Routing/Transit Number: \_\_\_\_\_  
(9-digit number found on lower left side of check)

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

The name of the account to be credited is \_\_\_\_\_.

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

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

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

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

**YOU MUST INCLUDE A VOIDED CHECK!!!**

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