

Gator Trace Master Property Owners Association, Inc.

c/o *Signature* Property Management

459 NW Prima Vista Blvd. | Port St. Lucie, FL 34983

T: 772-219-4474 | F: 772-219-4746

Electronic Funds Transfer Authorization Form

I/we hereby authorize Signature Property Management to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below-named account on the first (1st) day of each quarter in the amount of \$_____. This authority will remain in effect until I/we notify Signature Property Management otherwise. I/we understand the amount of the debit may change on an annual basis according to the requirements of Gator Trace Master Property Owners Association, Inc.

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 _____

Account number to be debited _____

Your bank's routing/transit number _____
(9-digit number found on lower left side of check)

Association account # and your unit # _____

Association name to be credited Gator Trace Master Property Owners Association, Inc.

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 _____

PLEASE INCLUDE A VOIDED CHECK!!!

Send to: *Signature* Property Management

459 NW Prima Vista Blvd.

Port St. Lucie, FL 34983