



GRANT PROPERTY MANAGEMENT

7124 North Nob Hill Road

Tamarac, Fl. 33321

954-718-9903

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

VENDOR NAME _____

BANK NAME _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____ (CHECK ONE)

REMITTANCE EMAIL ADDRESS _____

CUSTOMER AUTHORIZATION:

SIGNATURE: _____

PRINT NAME _____