Submit by email:
vraccounting@gathervacations.com

ELECTRONIC FUNDS AUTHORIZATION (Credit and Debit Permission)

Account Owner Name:_____

Mailing Address:_____

City, State, Zip: _____

Bank Routing #:_____

Bank Account #:_____

Account Type: Personal Checking ____ Business Checking ____
Personal Savings ____ Business Savings ____

** Owner Reminder: Per your PMA, funds will be deducted from your owner account at the time of processing your monthly owner statement if expenses exceed receipts and your balance is drawn below the Target Minimum.**

By signing this authorization form, I agree to have electronic fund transactions processed through my bank account by Gather Vacations, Inc.

Authorized Signature: _____

Date Executed: _____