



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: _____

A sample check from John Smith, 100 Main Street, Anytown USA 10012. The check is for \$102.00, payable to the order of the account holder. The routing number 10023456789 and account number 10023456789 are highlighted with red boxes. Below the routing number box is the label 'Routing No. 9 digits' and below the account number box is the label 'Account No.'.

John Smith
100 Main Street
Anytown USA 10012

102

PAY TO THE
ORDER OF _____ \$ _____
DOLLARS

MEMO _____

⑆ 10023456789 ⑆ 10023456789 ⑆ 102

Routing No.
9 digits

Account No.