

Electronic Funds Transfer (EFT) Authorization

Use this form to establish standing Electronic Funds Transfer (EFT) instructions on your Florida Managed Properties account. Do NOT use this form to request a specific transaction. Type on screen or fill in using CAPITAL letters and black ink.

Helpful to Know

- EFTs can be used to make routine transfers to or from your designated bank.
- Your rental property owner proceeds will be directly deposited into the bank account you designate on this form generally by the 20th of each month provided the 20th is a weekday and not a bank holiday.
- Your EFT rental owner deposits will generally be followed within 24 hours with an emailed Rental Owner Statement detailing:
 - Gross Deposit Totals
 - Gross Rental Income
 - Rental Expenses
 - This data will be sent monthly to the email address as listed on this Form.

- EFT account set-up policy requires that Florida Managed Properties receives an actual copy or voided original of a check for the account you wish to utilize for EFT deposit services. Temporary checks are not acceptable.
- Return this form and blank check copy via US Mail to:
 - Florida Managed Properties, Inc.
Post Office Box 906
Stuart, FL 34995
 - OR, accounting@floridapm.net
- There is no fee to use the EFT service, although your financial institution may charge transaction fees.
- **Read important information about Electronic Funds Transfer (EFT) included with this form.**

1. Account Owner(s)

Name	Address of Managed Property
Additional Owner/Authorized Individual Name	
Email Address for Monthly Rental Owner Reporting	

2. EFT Authorization for Your Bank Account

You **must** be an owner of the account at the financial institution. You will need to attach a voided check **OR** a complete bank statement including: (1.) all pages, with (2.) the account number, and (3.) all owner names preprinted on it.

Provide bank account information below to set up EFT services.

Bank Account

- Checking Savings

Complete this section and attach an account statement OR voided check on the top of the following page.

Owner(s) Name(s) Exactly as on Bank Account	
Bank Routing / ABA Number	Bank Name
Checking or Savings Account Number	

EFT Authorization for Your Bank Account continues on next page. ►►



2. EFT Authorization for Your Bank Account, continued

Attach check here:

Account number and all owner names must be preprinted and unaltered.

Dana Jones
123 Main Street
Anytown, NY 12345

_____ 20 _____ 803

Pay to the order of **REQUIRED** \$ _____

Tape your voided check here. Dollars

National Bank
Delaware

VOID

⋮ 321070010 ⋮ 803 ⋮ 1234 56789 ⋮

ABA Transit Routing Number Account Number

3. Signature and Date *Form cannot be processed without signature and date.*

In the section below, "Florida Managed Properties", "FMP", "us," and "we" refers to Florida Managed Properties Inc. including our affiliates, and their employees, agents, representatives, shareholders, successors, and assigns as the context may require; "you" and "account owner" refer to the owner indicated on the account form; and for any account with more than one owner (such as a joint or trust account), "you" and "account owner" or "account owners" refer to all owners, collectively and individually.

By signing below, you:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Authorize FMP to act on all instructions given in this form. • Accept all terms and conditions described in this form. • Certify that all information you provided is correct. • Agree, if you are a trustee, a custodian, or the fiduciary, that you are responsible for complying with your legal and fiduciary obligations. • Authorize us, upon receiving instructions from you or as otherwise authorized by you, to make payments from you and to you or your designee, by credit or debit entries to the designated account at the financial institution indicated in the form ("The Bank"). You authorize the Bank to | <p>process such entries and to credit or debit the designated account at that Bank for such entries. You ratify such instructions and agree that we will not be liable for any loss, liability, cost, or expense for acting upon all such instructions believed to be genuine if we employ reasonable procedures to prevent unauthorized transactions. You agree that this authorization may only be revoked by written notice to us in such time and manner as to afford us and the Bank a reasonable opportunity to act upon it.</p> | <ul style="list-style-type: none"> • Acknowledge that FMP will not be liable for any loss, expense, or cost arising out of your instructions, provided that we instituted reasonable procedures to prevent unauthorized transactions. • Acknowledge that you have read and agree to the important information about Electronic Funds Transfer (EFT) in this document. • Understand that FMP may purge unused EFT instructions from your account(s) on a periodic basis without notice to you. • Understand that FMP may terminate the EFT instructions from your account(s) at any time in its sole discretion. |
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One authorized signature is required.

PRINT OWNER/AUTHORIZED INDIVIDUAL NAME	
SIGN	OWNER/AUTHORIZED INDIVIDUAL SIGNATURE X
DATE	DATE MM/DD/YYYY X

PRINT OWNER/AUTHORIZED INDIVIDUAL NAME	
SIGN	OWNER/AUTHORIZED INDIVIDUAL SIGNATURE X
DATE	DATE MM/DD/YYYY X