

**GAINEY RANCH COMMUNITY ASSOCIATION
SURE PAY CHANGE FORM**

GRCA ACCOUNT #: _____

EFFECTIVE DATE OF CHANGE: _____

NOTE: If the Effective Date of Change is the Current Month and the Authorization is after the 15th of the Current Month, the change will be effective the following month.

TYPE OF CHANGE:

Discontinue Sure Pay	<input type="checkbox"/>
Change of Account Number	<input type="checkbox"/>
Change of Financial Institution	<input type="checkbox"/>
Other: (Explain below)	<input type="checkbox"/>

HOMEOWNER INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

For Bank Account Changes Please Attach an Original Voided Check

FINANCIAL INSTITUTION: (MUST BE A UNITED STATES BANK)

BANK NAME: _____

BRANCH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BANK ACCOUNT NUMBER _____

Checking
 Savings

ROUTING No.-TRANSIT ABA: _____

AUTHORIZATION:

Signature (1) _____ *Date:* _____

Signature (2) _____ *Date:* _____