

BB&T Association Services Association Pay (ACH) Authorization



THE AUTOMATIC WAY TO MAKE YOUR ASSOCIATION PAYMENT

NO MORE COUPONS! NO MORE CHECKS TO WRITE! NO POSTAGE COSTS! NO WORRIES! NO HASSLE!

- When your payment is due, your account is debited automatically on the 3rd of the month.
- If the 3rd is on a weekend or holiday, your account is debited the next business day.
- Complete authorization and attach a **voided check and the last coupon from your coupon book to the form.**
- Mail form to **P.O. Box 2914 Largo, FL 33779-2914.**
- **Continue to make your payments until you are notified by the bank when your automatic payment will start.**
- If you have more than one payment obligation, you must complete a separate authorization form for each one.
- **Debits can be made directly from any U.S. Financial Institution.**
- If this is a special assessment to the association that is not currently debited, complete this form and return with the special assessment coupon.
- For additional information or any changes of banks or account numbers or sale of unit, please contact BB&T Association Services 1-888-722-6669.

ASSOCIATION PAY AUTHORIZATION

ASSOCIATION NAME _____ UNIT NO. _____

Is this account that is being debited for your homeowner payment funded electronically by a Financial Agency outside of U.S. territorial jurisdiction? Yes No

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FINANCIAL INSTITUTION _____ PHONE _____

BANK ROUTING NO. _____ CHECKING SAVINGS ACCOUNT NO. _____

I hereby authorize the above named association to debit my checking or savings account to collect my association payments. BB&T will initiate debit entries to the above named financial institution for the purpose of making those payments. I also authorize the financial institution to withdraw these payments from my account. The transfer of funds from my account will not cease until BB&T receives written notification within 15 days before the next transaction effective date. BB&T is authorized to accept, from the association or its management company, changes in amounts, account information or cancellation of this authorization. BB&T. Member FDIC

DATE _____

OWNER'S COPY

Keep top section for your records

MAIL THIS FORM TO BB&T ASSOCIATION SERVICES • P.O. BOX 2914 • LARGO, FL 33779-2914

Revised 6/10/2011

Attach voided check and last coupon

ASSOCIATION PAY AUTHORIZATION

Return bottom section

ASSOCIATION NAME _____ UNIT NO. _____

Is this account that is being debited for your homeowner payment funded electronically by a Financial Agency outside of U.S. territorial jurisdiction? Yes No

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FINANCIAL INSTITUTION _____ PHONE _____

BANK ROUTING NO. _____ CHECKING SAVINGS ACCOUNT NO. _____

I hereby authorize the above named association to debit my checking or savings account to collect my association payments. BB&T will initiate debit entries to the above named financial institution for the purpose of making those payments. I also authorize the financial institution to withdraw these payments from my account. The transfer of funds from my account will not cease until BB&T receives written notification within 15 days before the next transaction effective date. BB&T is authorized to accept, from the association or its management company, changes in amounts, account information or cancellation of this authorization. BB&T. Member FDIC

DATE _____ SIGNED _____ SIGNED _____ BANK'S FILE COPY

Bank Use Only: Encoded Serial No. _____	Assoc # _____	Mgmt Co # _____	Date Received _____
--	---------------	-----------------	---------------------