

**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!**

- As you may know, Branch Banking and Trust Company (BB&T) acquired the deposit accounts of Colonial Bank in August 2009.
- 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 9/21/2009

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
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