

# Association Pay (ACH) Authorization

Truist Association Services Phone: 727-549-1202 or Toll Free Phone: 888-722-6669  
Toll Free Fax: 727-548-0277 Email Address: ASDAutopay@Truist.com

Sign up to automatically pay your association payment from your checking or savings account at any U.S. financial institution. We are unable to accept authorizations for accounts located outside of the United States.

Enroll online through the 25th of the month to be effective for the next debit month by visiting [Truist.com/Payments](http://Truist.com/Payments). If your association is not set up for online enrollment, complete the authorization form below. Complete a separate authorization form for each payment obligation.

**To enroll by U.S. mail - Complete the authorization form below and attach a voided check. Mail form to Truist Association Services, 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.

## Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- 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.**
- Payments will appear as **your full or abbreviated Association Name** on your bank statement.

Paper authorizations must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th. This Authorization will remain in effect until Truist receives written notice from you or your association or its management company to cancel or change it. You hereby authorize Truist to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to Truist at 727-548-0277. Notice must be received by Truist on or before the 27th of the month to be effective for the next debit date. When the 27th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 27th. Some exceptions apply; visit [Truist.com/Payments](http://Truist.com/Payments) to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the Truist Online Payment System or online at [Truist.com/payments](http://Truist.com/payments). All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact Truist Association Services Toll Free at 888-722-6669. Doc. ID# 106

## Keep top section for your records

**Mail enrollments, cancels or changes to Association Pay: Truist Associations Services, P.O Box 2914 Largo, FL 33779-2914**

Attach voided check

## Association Pay (ACH) Authorization

Return bottom section

**Association or Community Name:** \_\_\_\_\_ **Unit No.** \_\_\_\_\_

Bank Account Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

Checking  Savings  Account No. \_\_\_\_\_ Check box if account to debit is a business account.

By signing this authorization, you agree to the following: 1) I have read and agree to the Terms and Conditions provided and 2) I am authorized to initiate transactions on the account provided. I authorize a) the above named association to debit the account to collect my association payments b) Truist to initiate electronic funds transfers by ACH debit entries to the account for the purpose of making those payments and c) the financial institution to withdraw these payments from my account. Doc ID# 106

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Email \_\_\_\_\_ Effective Month for ACH to start \_\_\_\_\_

BILL PAY ACC#:	SERIAL #:	Unit #:	FREQ:	GROUP #:
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