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	
ls this account that is being debited territorial jurisdiction? Yes _		nent funded electronically by a F	Financial Agency outside of U.S.
NAME			ONE
ADDRESS			
CITY		STATE	ZIP
FINANCIAL INSTITUTION		PHONE	
BANK ROUTING NO.	CHECKING	SAVINGS ACCOUNT NO	
hereby authorize the above named asso- entries to the above named financial instit payments from my account. The transfer o transaction effective date. BB&T is authorize cancellation of this authorization. BB&T. M	ution for the purpose of making f funds from my account will no ed to accept, from the association	those payments. I also authorize the t cease until BB&T receives written not	e financial institution to withdraw thes ification within 15 days before the ne
DATE			OWNER'S COPY
	Keep top section	for your records	
MAIL THIS FORM TO BB		D. BOX 2914 • LARGO, FL 33779-2914	Revised 9/21/2009
Attach voided check and last coupon	ASSOCIATION P	ay authorization	Return bottom section
ASSOCIATION NAME		UNIT NO	
s this account that is being debited erritorial jurisdiction? Yes _		nent funded electronically by a F	Financial Agency outside of U.S
NAME		PHONE	
ADDRESS			
CITY		STATE	ZIP
		PHONE	
BANK ROUTING NO.	CHECKING	☐ SAVINGS ☐ ACCOUNT NO	D .
hereby authorize the above named asso- entries to the above named financial instit payments from my account. The transfer o ransaction effective date. BB&T is authorize cancellation of this authorization. BB&T. Me	ciation to debit my checking or ution for the purpose of making f funds from my account will no ed to accept, from the association	savings account to collect my associ those payments. I also authorize the t cease until BB&T receives written not	ation payments. BB&T will initiate debe inancial institution to withdraw thes ification within 15 days before the ne
DATESIGNED		SIGNED	BANK'S FILE CO
Bank Use Only: Encoded Serial No.	Assoc #	Mamt Co #	Date Received

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