

**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 3<sup>rd</sup> of the month.
- If the 3<sup>rd</sup> 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 Cromwell Park at Salem Condominium 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

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ADDRESS \_\_\_\_\_

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DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_ **BANK'S FILE COPY**

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