

# Association Pay (ACH) Authorization



BB&T Association Services (727) 549-1202 or toll free (888) 722-6669

Sign up for Association Pay to automatically pay your association payment from your checking or savings account at any U.S. financial institution.

## To enroll online:

To enroll in Association Pay online, visit [BBT.com/payments](http://BBT.com/payments). If your association is not set up for online enrollment for Association Pay, complete the Association Pay authorization form below. Complete a separate authorization form for each payment obligation.

## To enroll by U.S. Mail:

- Complete the Association Pay authorization form and attach a voided check to the form.
- Mail form to **BB&T 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.

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 BB&T receives written notice from you or your association or its management company to cancel or change it. You hereby authorize BB&T 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 BB&T at 727-548-0277 or Toll Free Fax: 866-297-8932. Notice must be received by BB&T 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; ask a BB&T Representative for an Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the BB&T Online Payment System or online at [BBT.com/payments](http://BBT.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. Contact BB&T Association Services at 727-549-1202 or Toll Free at 888-722-6669 with questions regarding Association Pay. Doc. ID#102

## Keep top section for your records

Mail enrollments, cancels or changes to Association Pay: BB&T Association Services – P.O. Box 2914, Largo, FL 33779-2914

Attach voided check

## Association Pay (ACH) Authorization

Return bottom section

Association Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Is the account that is being debited for your homeowner payment funded electronically by a financial agency outside of the U.S. territorial jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution \_\_\_\_\_ Phone \_\_\_\_\_

Bank Routing No. \_\_\_\_\_ Checking  Savings  Account No. \_\_\_\_\_

By signing this authorization, you agree to the following: I am authorized to initiate transactions for the checking or savings account I have provided. I have read and agree to the Terms and Conditions provided. I hereby authorize the above named association to debit my checking or savings account to collect my association payments. I hereby authorize BB&T to initiate electronic funds transfers by ACH debit entries to the account referenced above for the purpose of making these payments. I authorize the financial institution to withdraw these payments from my account. Doc ID#102

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

BILL PAY ACC#:	SERIAL #:	MGT CO#:	ASSOC#:	FREQ:	DATE REC'D:
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