

**BB&T ASSOCIATION SERVICES**  
**ASSOCIATION PAY – AUTHORIZATION TO CHANGE**



Mail To: BB&T Association Services, P.O. Box 2914, Largo, FL 33779-2914  
 Phone No.: 727- 549-1202  
 Fax To: 727- 548-0277 or Toll Free Fax: 866-297-8932  
 Attention: BB&T Association Services ACH Department

- Attach a voided check or a copy of a voided check with new account information.
- BB&T Association Services must receive this form by the 27<sup>th</sup> of the month to be effective for the next debit month. If the 27<sup>th</sup> is on a weekend or a holiday, we must receive this form the last business day prior to the 27<sup>th</sup>.
- Requests to change the debit account number or unit number for Association Pay can be submitted by management companies, self-managed associations or the homeowner.
- Requests to change the debit amount for Association Pay can only be submitted by management companies or self-managed associations.
- A Change Request form must be submitted for each payment obligation.

Date changes are effective for: \_\_\_\_\_

Association Name: \_\_\_\_\_

*If this form is being completed by the management company or self managed association, please contact the homeowner to answer the following question. If you are a homeowner, please answer the following question.*

**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**

Homeowner's Name: \_\_\_\_\_

Homeowner's Phone No. \_\_\_\_\_

Homeowner's Fax No. \_\_\_\_\_

Homeowner's Unit No.: \_\_\_\_\_

Amount to be paid: \_\_\_\_\_

Change Bank Routing Number From: \_\_\_\_\_

Change Bank Routing Number To: \_\_\_\_\_

Change Account Number From: \_\_\_\_\_

Change Account Number To: \_\_\_\_\_

Change Account Type From:  Checking  Savings

Change Account Type To:  Checking  Savings

Change Unit Number From: (old unit no.) \_\_\_\_\_

Change Unit Number To: (new unit no.) \_\_\_\_\_

**Management Company Changes Only** – Management companies and self-managed associations can submit requests for amount changes. Amount changes are not accepted from a homeowner or authorized signers on the account that is debited for the payment.

Change Amount From: (old amount) \_\_\_\_\_

Change Amount To: (new amount) \_\_\_\_\_

Change Effective Date From:(last date debited) \_\_\_\_\_

Change Effective Date To:(next date to be debited) \_\_\_\_\_

*Acknowledgement: By signing below, I acknowledge that I have complied with the Operating Rules of the National Automated Clearing House Association (NACHA). This includes sending appropriate notification of the amount and date change(s) and the reason(s) thereof to the Receiver.*

\_\_\_\_\_  
 Authorized By

\_\_\_\_\_  
 Management Company Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 \*Signature of Authorized Signer on Bank Account that is debited

\_\_\_\_\_  
 Date

*\*BB&T is authorized to accept, from the association or its management company, changes in amounts or account information.*