TRUIST ASSOCIATION SERVICES
ASSOCIATION PAY – AUTHORIZATION TO CHANGE

Mail To: Truist Association Services, P.O. Box 2914, Largo, FL 33779-2914 Phone No.: 727- 549-1202 or Toll Free: 888-722-6669
Fax To: 727- 548-0277 or Toll-Free Fax: 866-297-8932
Email Address: asdautopay@truist.com

- Do not use this form if the property owner is changing. New property owners need to fill out a new enrollment.
- Attach a voided check or a copy of a voided check with new account information.
- Truist Association Services must receive this form by the 27th of the month to be effective for the next debit month. If the **27th** is on a weekend or a holiday, we must receive this form the last business day prior to the **27th**.
  Some exceptions apply, visit Truist.com/Payments to view the Association Pay deadline calendar.
- A Change Request form must be submitted for each payment obligation.
- Requests for amount and unit number changes are only accepted from a management company or self-managed association and are not accepted from a homeowner or authorized signer on the account debited for payment.

HOMEOWNER/PAYMENT INFORMATION	
Association /Community Name:	
Homeowner Name:	
Property Address for Change:	
Homeowner Phone No.:	**Homeowner email address:**
Homeowner Unit No.:	**Current Payment Amount:**
Truist Bill Pay Number if known (located on coupon):	

	HOMEOWNER CHANGE OF ACCOUNT INFORMATION	
	Change From:	**Change To:**
☐	**Account Type**: ☐ Checking ☐ Savings	**Account Type**: ☐ Checking ☐ Savings
☐	**Bank Name:**	**Bank Name:**
☐	**Bank Routing Number**:	**Bank Routing Number:**
☐	**Account Number**:	**Account Number**: Check this box if the account to debit is a business account ☐
Bank Account Owner Name:		
Effective Date of Change: **(If no effective date is provided, the change will be processed for the next available debit date.)**		
☐	**Skip ACH payment for month:** (Enter Month) **Resume ACH:** (Enter Month) *(If you enter only the month to skip, then the payment will resume the following month due.)*	

If submitted by a homeowner – Please sign below
By signing this authorization, you agree to the following: 1) I have read and agree to the Association Pay 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/credit the account to process my association payments b) Truist to initiate electronic funds transfers by ACH debit/credit entries to the account for the purpose of processing those payments and c) the financial institution to withdraw and/or credit payments from/to my account.

_____ _____
Signature of Authorized Signer on Bank Account that is debited ***Date***

If submitted by a Management Company or Self-Managed Association – Please sign below
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.*

_____ _____ _____
Signature of Management Company Representative **Management Company Name** **Date**

**Truist is authorized to accept from the association or its management company, changes of account information on behalf of the homeowner.*