



**BB&T ASSOCIATION SERVICES**

**AUTHORIZATION TO CANCEL ALL ASSOCIATION PAY (AUTO PAY) DUE TO ACCOUNT CLOSING**

Branch Banking and Trust Company (BB&T) acquired the deposit accounts of Colonial Bank in August 2009.

**Use this request form to authorize the cancellation of all Association Pay debit entries on the account listed below due to account closing.**

BB&T 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, BB&T Association Services must receive this form by the last business day prior to the 27th.

You can submit this form electronically through Web Vault or you can print and fax or mail to the following:

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

**This authorization will cancel all Association Pay associated with the account and payment information below due to account closing.**

**I authorize Branch Banking and Trust Company (BB&T) Association Services to CANCEL ALL Association Pay, the automatic withdrawal for the following association payment:**

Date: \_\_\_\_\_

Cancel for Payment:      Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

Association Account Number: \_\_\_\_\_

Description of Fee: \_\_\_\_\_

Reason for Cancelling all Association Pay: \_\_\_\_\_

Management Company Name: SunCoast Property Services



**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 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 \_\_\_\_\_ 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 9/21/2009

Attach voided check and last coupon

**ASSOCIATION PAY AUTHORIZATION**

Return bottom section

ASSOCIATION NAME \_\_\_\_\_ UNIT NO. \_\_\_\_\_

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NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_ PHONE \_\_\_\_\_

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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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