

TRUIST ASSOCIATION SERVICES
ASSOCIATION PAY – AUTHORIZATION TO CANCEL

Mail To: Truist 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
Email Address: asdautopay@truist.com

- This form should be used only by homeowners. Management companies or self-managed associations are authorized to complete a cancel request on behalf of homeowners by using Web Vault Unit Manager.
- 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, Truist Association Services must receive this form by the last business day prior to the 27th. Some exceptions apply, visit Truist.com/Payments to view an Association Pay deadline calendar.

Do you want all payment obligations on Association Pay for this unit cancelled? ☐ Yes ☐ No

If No, please list the specific payment obligations that you would like to cancel.

If you are cancelling Association Pay for units in different associations, please submit the information on separate cancel forms.

I authorize Truist Association Services to CANCEL Association Pay, for the unit below.

Terminate Service: Month: _____ Year: _____

Management Company Name: _____

Association/Community Name: _____

Bank Account Owner Name: _____

Property Address: _____

Truist Bill Pay Number if known (located on coupon): _____

Homeowner's Name: _____

Homeowner's Phone No.: _____ Contact email address: _____

Homeowner's Unit No.: _____ Amount of Payment: _____

Reason for Cancel _____

Signature of Authorized Signer on Bank Account that is debited

Date

Internal Use: Group No.: