TRUIST ASSOCIATION SERVICES ASSOCIATION PAY – AUTHORIZATION TO CANCEL



Mail To: Truist Association Services, P.O. Box 2914, Largo, FL 33779-2914

Phone No.: Toll Free: 888-722-6669

Fax To: 727-548-0277 or Toll Free Fax: 866-297-8932

Email Address: asdautopay@truist.com

To cancel previously authorized ACH debits over the phone, homeowners can call Truist Association Services at Toll Free: 888-722-6669 or use this form to submit in writing.

Truist Association Services must receive ACH cancel requests 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 the cancel request by the last business day prior to the 27th. Some exceptions apply, visit Truist.com/Payments to view an Association Pay deadline calendar.

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.

Do you want all payme	nt obligations on Asso	ociation Pay for this unit cancelled? Yes No
•		tions that you would like to cancel.
		ts in different associations, please submit the information on separate cancel
I authorize Truist Ass	ociation Services to C	CANCEL Association Pay, for the unit below.
Terminate Service:	Month:	Year:
Management Company	y Name:	
Association/Communi	ty Name:	
Property Address:		
Truist Bill Pay Numbe	er if known (located on co	upon):
Homeowner's Name:		
Homeowner's Phone No.:		Contact email address:
Homeowner's Unit No		
Reason for Cancel		
Signature of Authorize	ed Signer on Bank Aco	count that is debited Date