

**TRUIST ASSOCIATION SERVICES
ASSOCIATION PAY – AUTHORIZATION TO CHANGE
Truist Bank, formerly known as BB&T**

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
 Attention: Truist Association Services ACH Department

- 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.

HOMEOWNER/PAYMENT INFORMATION

Association /Community Name: STONEHEDGE RESIDENTS

Homeowner Name: _____

Homeowner Phone No.: _____ Homeowner email address: _____

Homeowner Unit No.: _____ Current Payment Amount: _____

Month change is to be effective: (If no effective date is provided, the change will be processed for the next available debit date)

HOMEOWNER CHANGE OF ACCOUNT INFORMATION

✓	Change From:	Change To:
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Bank Routing Number:	Bank Routing Number:
	Account Number:	Account Number:
	Check this box if the account to debit is a business account <input type="checkbox"/>	
	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.)	

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

**THE FOLLOWING CHANGES CAN ONLY BE AUTHORIZED BY
MANAGEMENT COMPANY OR SELF-MANAGED ASSOCIATION.**

Amount and unit number changes are **not** accepted from a homeowner or authorized signers on the account that is debited for the payment. These requests are only accepted from a management company or self-managed association.

✓	Change From:	Change To:
	Amount: (old amount)	Amount: (new amount)
	Effective Date:(last date debited)	Effective Date:(next date to be debited)
		Select One: If you do not choose between one month and going forward the amount will only be changed for one month, then the amount will resume the following month due to the previous amount. <input type="checkbox"/> One Month Only <input type="checkbox"/> Going Forward
	Unit No.: (old unit no.)	Unit No.: (new unit no.)
	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.)	

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 in amounts or account information.