

# Truist Association Pay (ACH) Authorization

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Attach voided check when applicable

## Association Pay (ACH) Authorization

Return bottom section

**Association or Community Name:** \_\_\_\_\_ **Unit No.** \_\_\_\_\_

Bank Account Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

Checking  Savings  Account No. \_\_\_\_\_ Check box if account to debit is a business account.

By signing this authorization, you agree to the following: 1) I have read and agree to the 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. Doc ID# 109

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Email \_\_\_\_\_ Effective Month for ACH to start \_\_\_\_\_

BILL PAY ACC#:	SERIAL #:	Unit #:	FREQ:	GROUP #:
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