

COLONIAL BANK ASSOCIATION SERVICES ASSOCIATION PAY – AUTHORIZATION TO CHANGE

Mail To: Colonial Bank 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: Colonial Bank Association Services ACH Department

- Attach a voided check or a copy of a voided check with new account information.
- Colonial Bank 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.
- Requests to change the debit account number or unit number for Association Pay can be submitted by management companies, self-managed associations or the homeowner.
- Requests to change the debit amount for Association Pay can only be submitted by management companies or self-managed associations.
- A Change Request form must be submitted for each payment obligation.

Date changes are effective for: _____

Association Name: _____

If this form is being completed by the management company or self managed association, please contact the homeowner to answer the following question. If you are a homeowner, please answer the following question.

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

Homeowner's Name: _____

Homeowner's Phone No. _____ Homeowner's Fax No. _____

Homeowner's Unit No.: _____ Amount to be paid: _____

Change Bank Routing Number From: _____ Change Bank Routing Number To: _____

Change Account Number From: _____ Change Account Number To: _____

Change Account Type From: Checking Savings Change Account Type To: Checking Savings

Change Unit Number From: (old unit no.) _____ Change Unit Number To: (new unit no.) _____

Management Company Changes Only – Management companies and self-managed associations can submit requests for amount changes. Amount changes are not accepted from a homeowner or authorized signers on the account that is debited for the payment.

Change Amount From: (old amount) _____ Change Amount To: (new amount) _____

Change Effective Date From: (last date debited) _____ Change Effective Date To: (next date to be debited) _____

Authorized By Management Company Name Date:

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

*Colonial Bank is authorized to accept, from the association or its management company, changes in amounts or account information.