

BB&T ASSOCIATION SERVICES ASSOCIATION PAY – AUTHORIZATION TO CANCEL

Mail To:

BB&T Association Services, P.O. Box 2914, Largo, FL 33779-2914

	727-549-12		,				
Fax To:		277 or Toll Free F		52			
Email Address: ASDAutopay@BBandT.com Attention: BB&T Association Services							
Attention:	BB&1 ASS	ociation Services					
27th is 6 27th. Sc	on a weekend ome exception	or a holiday, BB& apply, visit bbt.co	T Association Ser om/payments to vi	vices must receive thi ew an Association Pa	s form by the last bus ny deadline calendar.	ext debit month. If the siness day prior to the behalf of homeowners	
				his unit cancelled? uld like to cancel.	Yes No		
If you are cance forms.	elling Associ	ation Pay for unit	s in different ass	ociations, please su	bmit the informatio	n on separate cancel	
I authorize BB	&T Associa	tion Services to	CANCEL Asso	ciation Pay, for the	e unit below.		
Terminate Ser	vice:	Month:	Year	Year:			
Association/Co	ommunity N	ame:					
Homeowner's	Name:						
Homeowner's Phone No.:				Contact email address:			
Homeowner's	Unit No.:			Amount of Payme	ent:		
Signature of A	authorized Si	gner on Bank Acc	count that is deb	ited	Date		
Management (Company Us	se Only:					
Reason for Ca	nncel						
Management	Company Na	ame	· · · · · · · · · · · · · · · · · · ·				

Internal Use: Group No.: