

## Association Change of Auto Debit (ACH) Authorization Form

## Use this form to make CHANGE'S to an existing 'Preauthorized Electronic Payment' Association Assessment.

- A separate change form must be completed for each property/unit you are requesting to make a change too.
- A request to change the debit account number or unit number may be submitted by the association management company, self-managed association or property/unit owner.
- A request to change the debit amount can only be changed by the association management company or self-managed association.
- Completed 'Change Request Form' must be received by the 25<sup>th</sup> of the month prior to the next payment due date, to take effect. If the 25<sup>th</sup> is on a weekend or a holiday, Bank OZK Association Services must received this form by the last business day prior to the 25<sup>th</sup>.

Please complete the Necessary Fields that require a change to take effect.

- By submitting this form you authorize Bank OZK to make the specified changes to the ACH debit authorization for the below property/unit owner.
- Mail completed Association CHANGE (ACH) Authorization Form to:

1 Time Only Skip Payment: Skip Date:\_\_\_\_\_

Restart Payment: Next Debit Date:

Special Instructions: \_\_\_\_

Change effective date: \_\_\_\_\_ Management Company Name: \_\_\_\_\_

Association Name	& Number:							
Unit Owner Name	_ Unit Num	Unit Number:						
				(As list	ted in coupon booklet)			
Attach a Void Check (or Deposit Slip for Savings) for account change verification								
Payment Type:	Regular Assessment	Special Assessment	Maintena	ance	Other			
Routing/Transit Number:			Routing/Transit Number:					
Account Type:	Checking Saving	s Accou	nt Type:	Checking	Savings			
Banking Account Number:			Banking Account Number:					
Unit Number:	Unit N	Unit Number:						
Signature Authorize	sment ACH	Date Authorized						
Managament Co	mpany Use Only:							
From (Previous Information)		<u>To (N</u>	To (New Information)					
Date Debited:		Date	Date Debited:					
Assessment Amount \$:		Asses	Assessment Amount \$:					

The Management Company and the Association agree to, and do hereby, indemnify, defend and hold Bank OZK harmless from and against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, costs, expenses and/or disbursements of any kind or nature whatsoever which may be imposed upon, asserted against, or incurred by Bank OZK due to the act of this 'Change''.

Skip Amount \$:

Amount \$: \_\_\_\_\_

By Management/Agent Autho	orization to Change Association	on Assessment ACH	Date Authorized		
Bank OZK: Date	Acceptance	Verification	_ Lockbox Id	Assn Id	