



## Association Banking Services, Association Pay (ACH) Authorization

Sign up to automatically pay your association payment from your checking or savings account at any U.S. bank financial institution.

**To enroll**-Complete this authorization form and attach a voided check. Mail this form to Synovus / Association Banking Services, P.O. Box 1030, Lehigh Acres, FL 33970, or email to [lockbox@synovus.com](mailto:lockbox@synovus.com)

### Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfer by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3<sup>rd</sup> of the month. If the 3<sup>rd</sup> is on a weekend or holiday, your account is debited the next business day.

\*\*\*\*\***IMPORTANT - PLEASE BE SURE TO SPECIFY START DATE OF YOUR DEDUCTIONS**\*\*\*\*\*

Association Pay Authorization for ACH debit		
Association Name: <b>OAK HOLLOW POA, INC. (9700/001) Qtly</b>		Unit/Acct Number & Amount (from Coupon)
Bank Account Owner Name:		Phone #
Property/Mailing Address:		
City, State, Zip		Email Address:
Bank Name:	Bank Routing #:	Account #:
I have read and agree to the terms and conditions provided and I am authorized to initiate transactions on the account information provided. I understand that I am authorizing the above-named Association to debit the account provided to collect Association Payments. <b>NOTE:</b> I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until condo/Homeowner Association has received written/verbal notification from me of my termination of this authorization. <b>PLEASE NOTIFY</b> <a href="mailto:lockbox@synovus.com">lockbox@synovus.com</a> <b>or contact your HOA/Prop Mgmt Co. to cancel your ACH</b>		
Signature:		Date:
<b><u>Please specify START DATE to begin ACH debit:</u></b>		