

Association Cancellation of Auto Debit (ACH) Authorization Form

Use this form to CANCEL an existing 'Preauthorized Electronic Payment' Association Assessment.

- A separate cancellation form must be completed for each property/unit you are requesting to cancel.
- Completed 'Cancellation Request Form' must be received by the **25th** of the month prior to the next payment due date, to take effect. If the 25th is on a weekend or a holiday, Bank OZK Association Services must receive this form by the last business day prior to the 25th.
- By submitting this form you authorized Bank OZK to cancel the ACH debit authorization for the property/unit owner below.
- Mail completed Association Cancellation of Auto Debit (ACH) Authorization Form to:

All Fields must be completed for cancellation to take effect.

Management Company Name: _____

Association Name & Number: _____

Frequency: Monthly Quarterly Semi-Annually Annually

Date Debited: _____

Unit Number (Account Number found in coupon booklet on coupon): _____

Unit Owner Name: _____

Routing/Transit Number: _____

Account Type: Checking Savings

Banking Account Number: _____

Assessment Amount \$: _____

Signature Authorized to Cancel Association Assessment ACH

Date Authorized

Management Company Use Only:

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, judgements, 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 'Cancellation'.

By Management/Agent Authorization to Cancel Association Assessment ACH

Date Authorized

Reason For Cancellation

Bank OZK: Date _____ Acceptance _____ Verification _____ Lockbox Id _____ Assn Id _____