

## 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>**.
- 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:

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

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

Association Name & Number: \_\_\_\_\_

Unit Owner Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
(As listed in coupon booklet)

### Attach a Void Check (or Deposit Slip for Savings) for account change verification

Payment Type: Regular Assessment Special Assessment Maintenance Other \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Routing/Transit Number: \_\_\_\_\_

Account Type: Checking Savings Account Type: Checking Savings

Banking Account Number: \_\_\_\_\_ Banking Account Number: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Signature Authorized to Change Association Assessment ACH

Date Authorized

### **Management Company Use Only:**

#### From (Previous Information)

Date Debited: \_\_\_\_\_

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

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

Restart Payment: Next Debit Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

#### To (New Information)

Date Debited: \_\_\_\_\_

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

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

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'.

**By Management/Agent Authorization to Change Association Assessment ACH**

**Date Authorized**

Bank OZK: Date \_\_\_\_\_ Acceptance \_\_\_\_\_ Verification \_\_\_\_\_ Lockbox Id \_\_\_\_\_ Assn Id \_\_\_\_\_