

ASSOCIATION PAY – AUTHORIZATION TO CHANGE COLONIAL BANK ASSOCIATION SERVICES

 Mail To:
 Colonial Bank Association Services

 P.O. Box 2914
 Largo, FL 33779-2914

 Phone No.:
 (727) 549-1202

 Fax To:
 (727) 548-0277 or Toll Free Fax: (866) 297-8932

Attention: Colonial Bank Association Services

- Attach a voided check or a copy of a voided check with new account information.
- Colonial Bank Association Services must receive this form by the 27th of the month to be effective for the next debit month. If the 27th is on a weekend or a holiday, we must receive this form the last business day prior to the 27th.
- Requests to change the debit account number or unit number for Association Pay can be submitted by management companies, self-managed associations or the homeowner.
- Requests to change the debit amount for Association Pay can only be submitted by management companies or self-managed associations.
- A Change Request form must be submitted for each payment obligation.

Date changes are effective for:	
Association Name:	
Homeowner's Name:	
Homeowner's Phone No.:	Homeowner's Fax No.:
Homeowner's Unit No.:	Amount to be paid:
Change Bank Routing Number From:	Change Bank Routing Number To:
Change Account Number From:	Change Account Number To:
Change Account Type From: \Box Checking \Box Satisfies \Box	avings Change Account Type To: Checking Savings
Change Unit Number From: (old unit no.)	Change Unit Number To: (new unit no.)
	ment companies and self-managed associations can submit requests for amount neowner or authorized signer(s) on the account that is debited for the payment.
Change Amount From: (old amount)	Change Amount To: (new amount)
Change Effective Date From:(last date debited)	Change Effective Date To:(next date to be debited)
Authorized By Ma	nagement Company Name Date

*Signature of Authorized Signer on Bank Account that is debited

Date

*Colonial Bank is authorized to accept, from the association or its management company, changes in amounts or account information.