

SIGN UP TODAY FOR ASSOCIATION PAY!!!

THE AUTOMATIC WAY TO MAKE YOUR ASSOCIATION MAINTENANCE PAYMENT

NO MORE COUPONS! NO MORE CHECKS TO WRITE! NO POSTAGE COSTS! NO WORRIES! NO HASSLE!

Start enjoying the benefits of "Association Pay" the automatic payment system.

It's easy and it helps you manage your budget!

Don't Delay...Sign up for Association Pay today!

- ▶ When your payment is due we will automatically debit your account on the 3rd of the month. If the 3rd is on a weekend or a holiday, your account will be debited the next business day.
- ▶ Simply complete the authorization form at the bottom of the page.
- ▶ Attach a **VOIDED CHECK AND THE LAST COUPON FROM YOUR COUPON BOOK** to the form.
- ▶ Return the form to: Colonial Association Services - P. O. Box 2914 - Largo, FL 33779-2914
- ▶ Continue to make your payment until you are notified by post card when your automatic payment will start.
- ▶ If you make payments for more than one association, you must complete a separate authorization form for each unit.
- ▶ If you have already signed up for "Association Pay" you do not need to return this form again.
- ▶ If this is a Special Assessment that is not currently debited, complete this form & return with Special Assessment coupon.

ASSOCIATION PAY AUTHORIZATION ATTACH A VOIDED CHECK AND THE LAST COUPON FROM YOUR BOOK

ASSOCIATION NAME _____ UNIT NO. _____
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
FINANCIAL INSTITUTION _____ PHONE _____
BANK ROUTING NO. _____ CHECKING SAVINGS ACCOUNT NO. _____

I hereby authorize Colonial Bank, hereinafter called Colonial, to initiate debit entries to my checking or savings account at the financial institution above for the purpose of making my association payments. I also authorize the financial institution to withdraw these payments from my account. The transfer of funds from your account will not cease until Colonial receives written notification within 15 days before the next transaction effective date. Colonial is authorized to accept, from the Association or its Management Company, changes in amounts, account information or cancel this authorization.

DATE _____

OWNERS COPY

Complete both sections and keep top section for your records.

ATTACH A VOIDED CHECK AND THE LAST COUPON TO BOTTOM SECTION
ANY CHANGES OF BANKS OR ACCOUNT NUMBERS OR SALE OF UNIT,
PLEASE CONTACT COLONIAL ASSOCIATION SERVICES IN WRITING OR CALL 1-888-722-6669 FOR QUESTIONS
MAIL THIS FORM TO: COLONIAL ASSOCIATION SERVICES - P. O. BOX 2914 - LARGO, FL 33779-2914

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Attach voided check and last coupon to back.

ASSOCIATION PAY AUTHORIZATION

Return bottom section

ASSOCIATION NAME _____ UNIT NO. _____
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
FINANCIAL INSTITUTION _____ PHONE _____
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DATE _____ SIGNED X _____ SIGNED X _____ BANK FILE COPY

FOR BANK USE ONLY:

ENCODED SERIAL # _____ MTG CO #: _____ ASSOC#: _____ AMT: _____ DATE REC'D: _____