



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

Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments though electronic funds transfer by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.
- **PLEASE BE SURE TO SPECIFY START DATE OF YOUR DEDUCTIONS**

Association Pay Authorization for ACH debit		
Association Name:		Account Number & Amount
Bank Account Owner Name:		Phone #
Mailing Address:		
City, State, Zip		Email Address:
Please specify START DATE to begin ACH debit:		
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.		
Signature:		Date: