

**TRUIST ASSOCIATION SERVICES  
ASSOCIATION PAY – AUTHORIZATION TO CANCEL**

Mail To: Truist 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  
Email Address: asdautopay@truist.com

- This form should be used only by homeowners. Management companies or self-managed associations are authorized to complete a cancel request on behalf of homeowners by using Web Vault Unit Manager.
- Truist 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, Truist Association Services must receive this form by the last business day prior to the 27th. Some exceptions apply, visit [Truist.com/Payments](http://Truist.com/Payments) to view an Association Pay deadline calendar.

Do you want all payment obligations on Association Pay for this unit cancelled?  Yes  No

If No, please list the specific payment obligations that you would like to cancel.

\_\_\_\_\_  
If you are cancelling Association Pay for units in different associations, please submit the information on separate cancel forms.

**I authorize Truist Association Services to CANCEL Association Pay, for the unit below.**

Terminate Service: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Management Company Name: Coast to Coast Association Management

Association/Community Name: \_\_\_\_\_

Bank Account Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Truist Bill Pay Number if known (located on coupon): \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_

Homeowner's Phone No.: \_\_\_\_\_ Contact email address: \_\_\_\_\_

Homeowner's Unit No.: \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Reason for Cancel \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Signer on Bank Account that is debited

\_\_\_\_\_  
Date