



ACH Payment Cancellation Request

This form should be completed and returned to cancel an existing ACH Debit Authorization.

Important:

- A separate form must be submitted for each property (unit) you are requesting a cancellation.
- A separate form must be submitted for each ACH payment in place for a property (unit).
- To re-establish a cancelled ACH Payment, a new **Automatic (ACH) Association Payments Authorization form** must be resubmitted.
- Notify your Association or Property Management Company of your intent to cancel your automatic payment.
- Cancellation forms must be received by the 15th day of the current month in order to cancel the next month's regularly scheduled association payment.

Complete and return to address shown below to cancel an existing ACH Debit Authorization.

ACH (Automatic) Payment Cancellation Request

Condo/Homeowner Association: _____ Unit No.: _____
 Property Owner Name: _____
 Street Address: _____ Phone No.: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Name of Financial Institution: _____ Phone No.: _____
 Bank Routing/Transit No.: _____ Bank Account No. : _____
 Bank Account Type: **Checking** **Savings**

Mail to: Association Lockbox Services, P.O. Box 11407, Drawer # 6000, Birmingham, AL 35246-6000

By submitting this form I hereby authorize Condo/Homeowner Association to cancel the ACH debit authorization for the above property/unit owner. I understand that this form must be received by Condo/Homeowner Association by the 15th day of the month in order to be in effect for the next payment month.

Unit Owner Signature

Date