BANK of the OZARKS® Association CANCEL (ACH) Authorization Form

Use this form to CANCEL an existing 'Preauthorized Electronic Payment' Association Assessment.

- A separate cancellation form must be completed for each property/unit you are requesting to cancel.
- Completed 'Cancellation Request Form' must be received by the **25th** of the month prior to the next payment due date, to take effect. If the 25th is on a weekend or a holiday, Bank of the Ozarks Association Services must receive this form by the last business day prior to the 25th.
- By submitting this form you authorized Bank of the Ozarks to cancel the ACH debit authorization for the property/unit owner below.
- Mail completed Association CANCEL (ACH) Authorization Form to:

BANK OF THE OZARKS ASSOCIATION SERVICES
RE: ASSOICATION ASSESSMENT ACH
P.O. BOX 20287
TAMPA, FL 33622-0287

All Fields must be completed for cancellation to take effect.

Management Company Name: Resource Property Management ,Inc.

Association Name & Number: _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Date Debited: _____

Unit Number (Account Number found in coupon booklet on coupon): _____

Unit Owner Name: _____

Routing/Transit Number: _____

Account Type: Checking Savings

Banking Account Number: _____

Assessment Amount $: _____

_____ _____
Authorized By Date Authorized

Management Company Use Only:

The Management Company and the Association agree to, and do hereby, indemnify, defend and hold Bank of the Ozarks harmless from and against any and all liabilities, obligations, losses, damages, penalties, actions, judgements, suits, costs, expenses, and/or disbursements of any kind or nature whatsoever which may be imposed upon, asserted against, or incurred by Bank due to the act of this 'Cancellation'.

_____ _____
Management Company Authorization By Date Authorized

_____
Reason For Cancellation

Bank Use Only:	Date:	Processed By:	Verified By: