



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

Use this form to make CHANGE'S to an existing 'Preauthorized Electronic Payment' Association Assessment.

- A **separate change form** must be completed for **each property/unit** you are requesting to make a change too.
- A request to change the debit account number or unit number may be submitted by the association management company, self-managed association or property/unit owner.
- A request to change the debit amount can only be changed by the association management company or self-managed association.
- Completed 'Change 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 received this form by the last business day prior to the **25th**.
- By submitting this form you authorize Bank of the Ozarks to make the specified changes to the ACH debit authorization for the below property/unit owner.
- Mail completed Association CHANGE (ACH) Authorization Form to:

Please complete the Necessary Fields that require a change to take effect.

Change effective date: _____ Management Company Name: _____

Association Name & Number: _____

Unit Owner Name: _____ Unit Number: _____

(As listed in coupon booklet)

Attach a Void Check (or Deposit Slip for Savings) for account change verification

Payment Type: Regular Assessment Special Assessment Maintenance Other _____

From (Previous Information)

To (New Information)

Routing/Transit Number: _____

Routing/Transit Number: _____

Account Type: Checking Savings

Account Type: Checking Savings

Banking Account Number: _____

Banking Account Number: _____

Unit Number: _____

Unit Number: _____

Authorized By _____

Date Authorized _____

Management Company Use Only:

From (Previous Information)

To (New Information)

Date Debited: _____

Date Debited: _____

Assessment Amount \$: _____

Assessment Amount \$: _____

1 Time Only Skip Payment: Skip Date: _____

Skip Amount \$: _____

Restart Payment: Next Debit Date: _____

Amount \$: _____

Special Instructions: _____

By signing below, I acknowledge that I have complied with the Operating Rules of the National Automated Clearing House Association (NACHA). This includes sending the appropriate notification of the change(s) and the reason(s) thereof to the Receiver.

Management Company Authorization By _____

Date Authorized _____

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