



Towne Villas South Homes Association

Monthly Automatic Payment Enrollment

TVS Address _____

Bank Account Owner Name _____

Email Address _____ Phone Number _____

Bank Name _____ Bank Routing Number _____

Bank Account Number _____ Savings Account

Check here if a business account _____ Checking Account

By completing and signing this form, I hereby authorize Victory Community Management, Inc. to enroll my account in automatic monthly payments through Truist Bank's Association Pay system. I understand that debits will not begin until a schedule has been agreed upon with our Community Association Manager.

A \$35 fee applies for any payments returned from your bank for insufficient funds or incorrect account information

Truist Bank Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is a weekend or holiday, your account is debited the next business day.
- Payments will appear as your full or abbreviated Association Name on your bank statement.

This Authorization will remain in effect until Truist receives written notice from you or your association or its management company to cancel or change it. You hereby authorize Truist to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to Truist Toll Free Fax: 866-297-8932. Notice must be received by Truist on or before the 27th of the month to be effective for the next debit date. When the 27th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 27th. Some exceptions apply; visit Truist.com/Payments to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the Truist Online Payment System or online at Truist.com/Payments. All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact Truist Association Services Toll Free at 888-722-6669. Truist Association Services, PO Box 2914, Largo, FL 33779-2914.

SIGNED _____ DATE _____

Email completed form to VictoryComMgt@gmail.com. If you are not comfortable submitting this information via email, please have all the required information available and call 757-593-0166.