

 **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 **25<sup>th</sup>** of the month prior to the next payment due date, to take effect. If the 25<sup>th</sup> 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 25<sup>th</sup>.
- 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:

**All Fields must be completed for cancellation to take effect.**

Management Company Name: \_\_\_\_\_

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

<b>Bank Use Only:</b>	Date:	Processed By:	Verified By:
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