

FYVE

FYVE FLORIDA LLC

Property Management

5100 W, Copans Road., Suite 100 Margate, FL 33063

954-741-8811

HOLLY GARDENS CONDOMINIUM ASSOCIATION INC.

SALE PACKAGE

THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY.

ALL RESIDENTS MUST BE 55 OR OLDER

HOLLY GARDENS CONDOMINIUM INC. is a community designed and intended to provide housing for residents who are age 55 or over. No permanent occupancy of any unit is permitted by a person under the age of eighteen (18). Units must be permanently occupied by at least one person aged 55 or over. Buyers-occupants form, an application for occupancy, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant other than husband/wife or parent/dependent child (which is considered one application.) and returned to **Fyve property Management along with a \$150.00 check or money order for each application made payable to HOLLY GARDENS** (Spouses, or parent/dependent child or two people living in a common-law relationship pays one \$150 fee) If any question is not answered or left blank, this application will be returned, not processed and not approved. In addition, the following items and or terms are required to accompany the application forms and fee.

1. Signed copy of the Sales Contract along with a copy of a Driver's license for each proposed apartment occupant. In absence of a driver's license, any other government issued ID will be acceptable proof of age. Ie: passport.

1.a Potential Buyers must meet a minimum credit score of at least 700 and have a family income of at least \$45,000.00. Proof of revenue ie: income tax, employer letter/paystub or bank statements must be provided or have net assets of at least \$70,000 not related to the condo itself. Proof of assets must be provided.

2. Use of the unit is for single family residence only. No corporation, company, partnership, or trust may purchase an apartment.

3. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreation vehicles, (more than 18 feet) etc. are permitted to park on the premises. Only 1 assigned parking space available per unit.

4. The current owner must provide the buyer with the Association Documents and Rules & Regulations.

5. No more than 2 occupants per bedroom are allowed to occupy units. The purchaser must notify the Association office of the exact date of closing.

6. Owner must supply the Board with a key to his/her apartment.

This Sales packet is considered incomplete and will not be accepted until all information has been received. The Association is allowed thirty (30) days to process and approve all applications. Upon receipt and verification of all materials submitted, a personal interview with the Board of Directors will be scheduled. The applicant(s) will be notified of the date, time, and place of the personal interview. **OCCUPANCY PRIOR TO BOARD APPROVAL IS PROHIBITED!**

Holly Gardens Condominium Inc.

Apartment purchasing check list

(Non married buyers must complete 2 sets of documents)

	OK	OK
• A duly completed and signed copy of the "BUYERS – OCCUPANTS FORM"	_____	_____
• Copy of a complete executed Proposed SALES CONTRACT.	_____	_____
• Copy of Driver's license for each proposed apartment occupant. In absence of a driver's license, passport is acceptable with a proof of address. The original of each I.D. will have to be presented at the Screening Interview for each person undergoing screening.	_____	_____
• PROOF OF AGE for each apartment occupant (such as Birth Certificate, or any other legally acceptable proof of age, (Driver's licence is acceptable). Photocopies will be required for our files.	_____	_____
• A completely filled out Holly Gardens "APPLICATION FOR OCCUPANCY" for each person required to be screened (a purchaser and spouse fill out one application).	_____	_____
• A completely filled out "APPLICATION FOR APPROVAL" for each person required to be screened (a purchaser and spouse fill out one application).	_____	_____
• A duly signed Associated Credit Reporting, Inc. "AUTHORIZATION FORM" for each person required to be screened.	_____	_____
• A CHECK in the amount of \$150 for each person to be screened (spouses or parent/dependent child or two people living in a common-law relationship pay one \$150 fee).	_____	_____
• A copy of the ESCROW LETTER showing that you have deposited a sum equal to 15% of the sale price.	_____	_____
• Unless this is a cash sale a Mortgage Commitment letter (see example).	_____	_____
• A copy of the LATEST TAX RETURN or NOTICE OF ASSESSMENT, bank statement, and/or proof of any source of income (paycheck or pension check).	_____	_____
• A duly completed and signed copy of the "AUTHORIZATION FOR EMAIL NOTIFICATIONS"	_____	_____
• A duly completed and signed copy of the "OWNER INFORMATION SHEET & AUTHORIZATION TO PUBLISH"	_____	_____
• A duly completed and signed copy of the "CONDO UNIT SURVEILLANCE"	_____	_____
• A duly completed and signed copy of the "TRUIST ASSOCIATION PAY (ACH) AUTHORIZATION"	_____	_____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: HOLLY GARDENS CONDOMINIUM

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I - RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

- A. Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____
- B. Spouse Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

- A. Bank Name _____ Checking Acct. # _____ Phone _____
 Address _____ Fax _____
- B. Bank Name _____ Savings Acct. # _____ Phone _____
 Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____
2. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____
3. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____
4. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
 Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

HOLLY GARDENS CONDOMINIUM INC.
3406 NW 49th AVENUE
LAUDERDALE LAKES, FL 33319

AN AGE 55 OR OLDER RESIDENTIAL COMMUNITY

BUYERS-OCCUPANTS FORM

Unit # _____

Actual Owner's Name _____ Tel. No. : _____

PROPOSED APARTMENT BUYERS

Buyer 1 NAME: _____

Address: _____

Telephone number: _____

Age: _____

Buyer 2 NAME: _____

Address: _____

Telephone number: _____

Age: _____

Relationship with buyer 1: _____

OTHER PROPOSED APARTMENT OCCUPANTS

NAME: _____

Address: _____

Telephone number: _____

Age: _____

Relationship with buyer 1: _____

Relationship with buyer 2: _____

NAME: _____

Address: _____

Telephone number: _____

Age: _____

Relationship with buyer 1: _____

Relationship with buyer 2: _____

Signature _____
Buyer #1 Buyer #2

HOLLY GARDENS CONDOMINIUM INC.
3406 NW 49th AVENUE
LAUDERDALE LAKES, FL 33319

APPLICATION FOR APPROVAL

Unit # _____

- 1 - **HOLLY GARDENS CONDOMINIUM INC.** is a community designed and intended to provide housing for residents who are age 55 or over. No permanent occupancy of any unit is permitted by a person under age eighteen (18). In addition, units must be permanently occupied by at least one-person age 55 or over.
- 2- This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
- 3 - If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 4 - Please attach a copy of the sales contract to this application.
- 5 - Please attach a non-refundable processing fee of \$150.00 to this application, made payable to **HOLLY GARDENS CONDOMINIUM INC.** for each applicant, other than husband/wife or parent/dependent child or two people living in a common-law relationship pay one \$150 fee (which is considered one applicant).
NB: Acceptance of the processing fee does not in any way constitute approval of this transaction.
- 6 - This application cannot be processed or approved if the seller (current owner) owes money to **HOLLY GARDENS CONDOMINIUM INC.** and will be returned to you.
- 7 - The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
- 8 - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Permanent residents must provide a photocopy of their proof of age. Occupancy prior to Board approval is prohibited.
- 9 - Use of this apartment is for single family residence only. No corporation, company, partnership, or trust may purchase an apartment.
- 10 -No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, (in excess of 18 feet) etc, permitted to park on the premises.
NB : Only 1 assigned parking space available per apartment.
- 11 - Renting/leasing of apartments restricted as described in the condominium documents.
- 12 - The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations otherwise, you must purchase them from the Association for \$40.00.
- 13 - Purchaser must notify the Association office with the exact date of their closing.
- 14 - Occupancy regulations: One bedroom apartment - no more than 2 occupants. Two-bedroom apartment - no more than 4 occupants.
- 15 - The owner must provide the Board with a key to his /her apartment.

I have read the above information: _____
Applicant's Initials

Have you ever seasonally resided in Florida before? _____

If yes, please state address and dates of residency:

If retired, please state the company's name and address from, and when retired: _____

Have you or any proposed occupant ever been convicted of or pled guilty to a crime? date(s), charge(s), disposition(s) and location(s):

1. In making the foregoing application, I state to the Board of Directors that the purpose for the Purchase of an apartment at **HOLLY GARDENS CONDOMINIUM INC.** is as follows:

Permanent residence _____ Seasonal residence _____ Other (explain) : _____

2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by the **HOLLY GARDENS CONDOMINIUM INC.**

3. I have received a copy of all Association Documents: Yes _____ No _____

4. I have received a copy of the Rules & Regulations: Yes _____ No _____

5. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. I acknowledge that occupancy prior to Board approval is prohibited.

6. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 10 days after closing.

7. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into **HOLLY GARDENS CONDOMINIUM INC.** nor acquire one, either temporarily or permanently after occupancy.

8. I understand that the acceptance for purchase of an apartment at **HOLLY GARDENS CONDOMINIUM INC.** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. I acknowledge that occupancy prior to Board approval is prohibited

9. I understand that the Board of Directors of **HOLLY GARDENS CONDOMINIUM INC.** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and **RENTERS REFERENCE OF FLORIDA, INC.** Or any firm appointed by the Board of Directors, to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the **HOLLY GARDENS CONDOMINIUM INC.** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the **HOLLY GARDENS CONDOMINIUM INC.** will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT SIGNATURE

SPOUSE SIGNATURE

AUTHORIZATION FOR EMAIL NOTIFICATIONS

In an effort to cut mailing costs, and to be able to provide you with important information regarding your Association on a timely basis, we ask that you please provide the email you would like us to use for Association communication by filling out the form below.

I consent to receive email notices from Holly Gardens Condominium Inc. and its management agent FYVE Florida LLC Property Management and understand that my email address will become part of the official records of the Association. I also understand that it is my responsibility to update my email address should it change or if I no longer want email notices, in writing.

Please list one email address below (Print legibly)

Since I do not have an email address, I would like to receive a paper copy of all correspondence, notices of election, notices of annual or special meetings or any documents so related

Signed and dated on the _____ day of _____ 20 _____

Owner's name (capital letters)

Owner's signature

Unit # _____

HOLLY GARDENS CONDOMINIUM INC.
3406 NW 49th AVENUE
LAUDERDALE LAKES, FL 33319

OWNER INFORMATION SHEET AND AUTHORIZATION TO PUBLISH

DATE: _____

UNIT # _____ PARKING # _____ STORAGE # _____

NAME: _____

NAME: _____

HOME ADDRESS: _____

HOME TEL. NO. : _____ OTHER : _____

FL TEL. NO. : _____ OTHER : _____

CELL PHONE : _____

EMAIL: _____

IN CASE OF EMERGENCY – CONTACT PERSON(S)

NAME: _____ TEL.: _____

NAME: _____ TEL.: _____

WHO ELSE HAS OR WILL HAVE A KEY TO YOUR UNIT :

NAME: _____ TEL.: _____

_____ I give my permission to the Holly Gardens Board of Directors to use my personal information for a Holly Gardens Condominium Directory

_____ Please do not publish my personal information in a Holly Gardens Condominium owners directory

Signature _____
Owner #1

Owner #2

HOLLY GARDENS CONDOMINIUM INC.

**3406 NW 49th AVENUE
LAUDERDALE LAKES, FL 33319**

6. CONDO UNIT SURVEILLANCE

6.1 Every owner leaving his/her unit uninhabited for more than 2 consecutive weeks is required to have his/her unit visited by a responsible person at least once every 2 weeks and such person should keep a record of the visits. The owner will have to inform the Association of the name and phone number of that person. If the owner cannot show evidence of the surveillance of the unit, the Association will require an external company to visit the condo and report to the Association. The owner will be responsible for the cost of such surveillance.

6. SURVEILLANCE DES CONDOMINIUMS

6.1 Tout propriétaire laissant son unité vacante pendant plus de 2 semaines consécutives devra faire visiter son unité par une personne responsable au moins une fois toutes les 2 semaines et cette personne devra tenir un registre des visites. Le propriétaire devra informer le conseil d'administration du nom et numéro de téléphone de cette personne. À défaut, par le propriétaire, de prouver la surveillance de son unité, l'Association mandatera une société externe pour visiter le condo et faire rapport à l'Association. Le propriétaire devra en assumer tous les coûts.

UNIT #: _____

NAME: _____

WHO IS RESPONSIBLE TO VISIT YOUR CONDO DURING
YOUR ABSENCE :

NAME: _____

E-MAIL (if applicable): _____

TEL.: _____

DATE: _____

Owner signature

Mortgage Commitment letter

Unless this is a cash sale, a Mortgage Commitment letter from the bank/mortgage company must accompany the application.

Applications will not be accepted for processing unless the Mortgage Commitment letter is included with this packet.

Mortgage Commitment letter must state

1. The amount of the loan
2. The rate of the loan
3. The terms of the loan
4. The monthly payment
5. The interest

By signing below, you accept and agree to the requirement of supplying the Mortgage Commitment Letter and understand that your application may be denied if you are unable to comply with this requirement.

Signature of Applicant

Date

Signature of Applicant

DATE

Truist Association Pay (ACH) Authorization

Truist Association Services Phone: 727-549-1202 or Toll Free Phone: 888-722-6669
Toll Free Fax: 866-297-8932 Email Address: ASDAutopay@Truist.com

Sign up to automatically pay your association payment from your checking or savings account at any U.S. financial institution. We are unable to accept authorizations for accounts located outside of the United States.

Enroll online through the 25th of the month to be effective for the next debit month by visiting Truist.com/Payments. If your association is not set up for online enrollment, complete the authorization form below. Complete a separate authorization form for each payment obligation.

To enroll by U.S. mail - Complete the authorization form below and attach a voided check. Mail form to **Truist Association Services, P.O. Box 2914 Largo, FL 33779-2914**. Continue to make your payments until you are notified by the bank when your automatic payment will start.

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 on 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.

Paper authorizations must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th. 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. Doc ID# 109

Truist Bank, Member FDIC.

Keep top section for your records

Mail enrollments, cancels or changes to Association Pay: Truist Association Services – P.O. Box 2914, Largo, FL 33779-2914

Attach voided check when applicable

Association Pay (ACH) Authorization

Return bottom section

Association or Community Name: _____ Unit No. _____

Bank Account Owner Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Property Address _____ City _____ State _____ Zip _____

Bank Name _____ Bank Routing No. _____

Checking Savings Account No. _____ Check box if account to debit is a business account.

By signing this authorization, you agree to the following: 1) I have read and agree to the Terms and Conditions provided and 2) I am authorized to initiate transactions on the account provided. I authorize a) the above named association to debit/credit the account to process my association payments b) Truist to initiate electronic funds transfers by ACH debit/credit entries to the account for the purpose of processing those payments and c) the financial institution to withdraw and/or credit payments from/to my account. Doc ID# 109

SIGNED _____ DATE _____

Email _____ Effective Month for ACH to start _____

BILL PAY ACC#:	SERIAL #:	Unit #:	FREQ:	GROUP #:
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Revision 10/2021

Association Pay (ACH) Quick Guidelines

Truist Association Services

727-549-1202 or toll-free at 888-722-6669

Association Pay (ACH), deduct payments automatically from a checking or savings account at a U.S. financial institution.

- Payments debited on the 3rd of the month. If the 3rd is on a weekend or holiday, accounts are debited the next business day
- Payments can be debited from a checking or savings account at any U.S. financial institution
- Payments cannot be deducted from a foreign bank, including a Canadian bank
- Available for special assessment payments of four payments or more

Enroll in Association Pay

Complete a separate authorization for each eligible payment obligation.

- ***Enroll Online (Association must be signed up for Truist Online Payment System)***
 - Enroll online through the 25th of the month to be effective for the next debit month
 - Homeowners can enroll online by going to Truist.com/Payments and clicking the Pay Now link
 - Enter the bill pay account number and unit or serial number from the coupon for the payment obligation
 - Select the Online Association Pay Enrollment link and complete the requested information

Homeowners who enroll online will receive a receipt immediately, which will indicate the date of the first Association Pay debit.

- ***Enroll by U.S. Mail***
 - New paper authorization forms must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th.
 - Complete the Association Pay Authorization form included in the coupon book or statement
 - All authorizations must be completed and signed by an authorized signer on the account to be debited
 - Mail the completed authorization form to: Truist Association Services, P.O. Box 2914, Largo, FL 33779-2914
 - A Welcome Letter with the automatic start date will be mailed to the homeowner

How to Cancel Association Pay

Cancel requests must be received by the 27th of the month to be effective the following debit month. If the 27th falls on a weekend or holiday, the deadline is the last business day of the month prior to the 27th. * Association Pay debits will not cease until the Bank has received an ACH cancellation request in writing. Truist is not responsible for reimbursement of payments made when a homeowner has failed to cancel their Association Pay service. Special Assessment ACH payments will be cancelled on the stop date provided with the order.

- ***Cancellation by Homeowner***

Complete an Association Pay Cancel form located on Truist.com/Payments or Truist Online Payment System, or submit a letter requesting the cancellation of Association Pay and mail to: Truist Association Services, P.O. Box 2914, Largo, FL 33779-2914.
- ***Cancellation by Management Company***

Cancel online in Web Vault using the Unit Manager link.
- ***Cancellation by the Bank***
 - Truist will cancel a homeowner's Association Pay (ACH) if the homeowner has two ACH returns for Insufficient Funds (NSF) within a six month period. In this instance, or for any other reason the bank deems it necessary to cancel the ACH Authorization, Truist will send an Association Pay Return notice by U.S. mail to the management company or self-managed association. The notice includes an alert that the ACH Authorization has been cancelled, the amount of the ACH return, and any applicable fees charged. When the ACH Authorization is cancelled by the bank, payments will no longer be automatically debited, alternative payment arrangements should be made with the homeowner.
 - If coupons have not been printed for the current payment frequency the Bank may terminate payment-processing services. If payment processing services are terminated by the bank, you will be notified. Homeowners will not be

How to Change Association Pay

Association Services must receive requests to change Association Pay by the 27th of the month to be effective the next debit month. If the 27th falls on a weekend or holiday, the deadline is the last business day of the month prior to the 27th.^{*} Association Pay Change Forms are available through the Truist Online Payment System or Truist.com/Payments for the homeowner and through the Web Vault Forms Menu for the Management Company or self-managed association.

- **Debit Account Changes** – The homeowner, management companies or self-managed associations can submit debit account changes on a change request signed by an authorized signer on the account that is debited.
- **Unit Number Changes** – Management companies or self-managed associations can submit unit number changes on a change request.
- **Amount Changes** – Only management companies or self-managed associations can submit a request to change the debit amount. These requests are not accepted from homeowners or authorized signers on the account that is debited. ACH NACHA Rules (National Automated Clearing House Association) that govern automatic debits require you to provide written notification to your homeowners ten (10) calendar days in advance of any changes in the amount being debited from their account.

Within your homeowner notice, it is recommended that you include the name of the association, the date the debit will occur, the amount of the debit and the reason for the change. When the bank is asked to process a change to the debit amount we may ask for a copy of the letter you are sending to homeowners.

Association Pay Adjustments

- Adjustments to Association Pay can be processed if an error was made by Truist
- Adjustments cannot be made prior to the time the homeowner was set up on Association Pay
- Any other adjustments are at the sole discretion of Truist when the error was not made by us and may require an indemnification agreement

^{*}Some exceptions may apply. See an Association Pay Calendar for additional deadline information. Fees for management of units on Association Pay are included in the Per Unit Pricing for management companies and self-managed associations. Fees for Association Pay Return Items are included in the Addendum to the Truist Business Deposit Account Fee Schedule for Association Services.

Truist Association Services
727-549-1202 or toll-free at 888-722-6669