

**CLASS-Automatic Debit Payment Service
Authorization to Change or Cancel**

CENTENNIAL BANK

www.my100bank.com  Member FDIC

**To Enroll - Use an Automatic Debit Enrollment form.*

Send completed form to:

Centennial Bank Association Lockbox Services

Fax Number: 866-345-9137

Mail to: PO Box 30061
Tampa, FL 33630-3061

Phone Number: 866-227-0441

Bank Use Only	
Date Received:	
Completed By:	
Date Completed:	
Verified By:	
KEYWORDS:	
Payment Acct #:	
Unique ID Assn:	

Please complete the Owner Electronic Payment Information and the Authorization to Change or Authorization to Cancel sections below. Centennial Bank must receive this request at least 5 days prior to the next debit date for the changes or cancellation indicated below to take effect. *This form cannot be used to enroll in Automatic Debit. Please complete an Automatic Debit Enrollment Form if you are not currently enrolled.

Owner Electronic Payment Information:			
Please complete the fields below to assist us in locating your automatic debit information.			
Association Name:			
Owner Name:		Amount Debited:	
Unit ID:		Posting ID:	
Owner Mailing Address:			<input type="checkbox"/> Change?
Owner Phone #:	<input type="checkbox"/> Change?	Owner Fax #:	<input type="checkbox"/> Change?
◆◆◆You must also notify the management company or association if your address or phone number is changing.◆◆◆			
Payment Type:	<input type="checkbox"/> All Payments <input type="checkbox"/> Only Maintenance <input type="checkbox"/> Only Spec Assessment <input type="checkbox"/> Other:		

<input type="checkbox"/> Authorization to Change - Please complete the necessary fields that require a change.		
Payment Date Change is Effective:		
Type of Change(s):	From Information	To Information
Attach a voided check for Bank Routing Number, Account Number, or Account Type changes.		
<input type="checkbox"/> Bank Routing Number:		
<input type="checkbox"/> Account Number:		
<input type="checkbox"/> Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Skip Payment: ◆◆◆ Only 1 payment can be skipped. ◆◆◆		Enter next debit month:
<input type="checkbox"/> Payment Debit Day:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> Unit ID Change - Use only if moving to another unit within the same association:		

<input type="checkbox"/> Authorization to Cancel	
Payment Date Cancel is Effective:	

Special Instructions:

I authorize Centennial Bank to change or cancel my automatic debit as indicated above.

Authorized Signature: _____

Date Submitted: _____