

**TRUIST ASSOCIATION SERVICES
ASSOCIATION PAY – AUTHORIZATION TO CHANGE**

Truist Bank, formerly known as BB&T

Mail To: Truist Association Services, P.O. Box 2914, Largo, FL 33779-2914

Phone No.: 727- 549-1202 or Toll Free: 888-722-6669

Fax To: 727- 548-0277 or Toll Free Fax: 866-297-8932

Email Address: ASDAutopay@Truist.com

Attention: Truist Association Services ACH Department

- Attach a voided check or a copy of a voided check with new account information.
- Truist Association Services must receive this form by the 27th of the month to be effective for the next debit month. If the 27th is on a weekend or a holiday, we must receive this form the last business day prior to the 27th. Some exceptions apply, visit Truist.com/Payments to view the Association Pay deadline calendar.
- A Change Request form must be submitted for each payment obligation.

HOMEOWNER/PAYMENT INFORMATION	
Association /Community Name:	
Homeowner Name:	
Homeowner Phone No.:	Homeowner email address:
Homeowner Unit No.:	Current Payment Amount:
Month change is to be effective: (If no effective date is provided, the change will be processed for the next available debit date)	
HOMEOWNER CHANGE OF ACCOUNT INFORMATION	
✓	Change From:
	Change To:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number:	Bank Routing Number:
Account Number:	Account Number:
	Check this box if the account to debit is a business account <input type="checkbox"/>
Skip ACH payment for month: (Enter Month) _____ Resume ACH: (Enter Month) _____ (If you enter only the month to skip, then the payment will resume the following month due.)	
_____ *Signature of Authorized Signer on Bank Account that is debited Date	
THE FOLLOWING CHANGES CAN ONLY BE AUTHORIZED BY MANAGEMENT COMPANY OR SELF-MANAGED ASSOCIATION.	
Amount and unit number changes are not accepted from a homeowner or authorized signers on the account that is debited for the payment. These requests are only accepted from a management company or self-managed association.	
✓	Change From:
	Change To:
Amount: (old amount)	Amount: (new amount)
Effective Date: (last date debited)	Effective Date: (next date to be debited)
	Select One: If you do not choose between one month and going forward the amount will only be changed for one month, then the amount will resume the following month due to the previous amount. <input type="checkbox"/> One Month Only <input type="checkbox"/> Going Forward
Unit No.: (old unit no.)	Unit No.: (new unit no.)
Skip ACH payment for month: (Enter Month) _____ Resume ACH: (Enter Month) _____ (If you enter only the month to skip, then the payment will resume the following month due.)	

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

Ameri-Tech Realty Inc

Signature of Management Company Representative _____ Management Company Name _____ Date _____

*Truist is authorized to accept, from the association or its management company, changes in amounts or account information.

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

Enroll online at truist.com/payments

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 #:

TRUIST ASSOCIATION SERVICES
Truist Bank, formerly known as BB&T
ASSOCIATION PAY – AUTHORIZATION TO CANCEL

Mail To: Truist Association Services, P.O. Box 2914, Largo, FL 33779-2914
Phone No.: 727-549-1202
Fax To: 727-548-0277 or Toll Free Fax: 866-297-8932
Email Address: ASDAutopay@Truist.com
Attention: Truist Association Services

- Truist Association Services must receive this form by the 27th of the month to be effective for the next debit month. If the 27th is on a weekend or a holiday, Truist Association Services must receive this form by the last business day prior to the 27th. Some exceptions apply, visit Truist.com/Payments to view an Association Pay deadline calendar.
- Management companies or self-managed associations are authorized to complete a cancel request on behalf of homeowners by using Web Vault Unit Manager or by completing this form.

Do you want all payment obligations on Association Pay for this unit cancelled? Yes No
If No, please list the specific payment obligations that you would like to cancel.

If you are cancelling Association Pay for units in different associations, please submit the information on separate cancel forms.

I authorize Truist Association Services to CANCEL Association Pay, for the unit below.

Terminate Service: Month: _____ Year: _____

Association/Community Name: _____

Homeowner's Name: _____

Homeowner's Phone No.: _____ Contact email address: _____

Homeowner's Unit No.: _____ Amount of Payment: _____

Signature of Authorized Signer on Bank Account that is debited

Date

Management Company Use Only:

Reason for Cancel

Management Company Name
Truist Bank, Member FDIC.

LAKE CONLEY MOBILE HOME PARK

Please Return to Ameri-Tech Community Management, Inc.
5434 Grand Blvd., New Port Richey, FL 34652
E-mail: mhatka@ameritechmail.com – 727-726-8000 Ext 500
**EMERGENCY CONTACT INFORMATION
FOR OWNER OR TENANT**

PROPERTY ADDRESS _____ UNIT _____

Please complete the form below by PRINTING the requested information, sign & date and either hand deliver, mail, or scan & email to Ameri-Tech Community Management c/o Magda Hatka.

Homeowners Name(s) _____

Resident Address _____ Unit _____

Mailing Address (if different) _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

Email _____ Cell # _____

Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)

Name _____ Phone _____

Mailing Address _____

Nearest Relative (in case of emergency)

Name _____ Phone _____

Mailing Address _____

TENANT(s), if applicable _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

E-mail _____ Cell # _____

Number of Person(s) occupying unit

Number of Pets (and type)

Adults(s) ____ Children _____

Dogs ____ Cats ____ Other ____

Vehicle(s) Make/Yr Model

Color TAG Number

PLEASE SIGN AND DATE BELOW:

Owner Signature

Date

Co-Owner Signature (if applicable)

Date

I give permission to share my personal information (phone numbers, e-mail & address) with other LAKE CONLEY MOBILE HOME PARK owners.

**LAKE CONLEY MOBILE HOME PARK
CONDOMINIUM ASSOCIATION
PET REGISTRATION**

Unit # _____ Phone # 1 _____

Name: _____ Phone # 2 _____

Address: _____

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APPLICATION FOR PERMIT TO HARBOR A PET

Permission is hereby requested from the Condominium Association for the keeping of a pet in my unit. Be assured that all members of my family understand and agree to abide by the restrictions of the Association concerning pets.

Signed: _____ Date: _____

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DETAILED INFORMATION

Type of Pet: _____ Breed: _____ Sex: _____

Name of Pet: _____ Weight: _____ Color: _____

Registration # _____ Tag # _____ Vaccination Expiration Date: _____

ALL ABOVE INFORMATION MUST BE COMPLETE AND CORRECT. AN IDENTIFYING PICTURE OF YOUR PET MUST ACCOMPANY THIS FORM.

This form is in compliance with the Bylaws of the Association. You are required to complete this form and return it to: LAKE CONLEY MOBILE HOME PARK CONDOMINIUM ASSN

2020 KAHALA DR
HOLIDAY FL 34691

APPROVED BY: _____ **DATE:** _____

LAKE CONLEY GOLF CART REGISTRATION FORM

LOT#: _____

LC STREET ADDRESS: _____

OWNER'S NAME(S): _____

GOLF CART IDENTIFICATION#: _____

COLOR: _____

I do have golf cart liability in force at all times.

SIGNED: _____ DATE: _____

RULES AND REGULATIONS FOR GOLF CARTS IN LAKE CONLEY

1. Electric Cart Only
2. All carts must have governor for 15 miles per hour.
3. All carts must be equipped with brake lights
4. All carts must be equipped with headlights
5. All carts must be equipped with a horn and back-up lights
6. All carts must be equipped with a locking brake pedal
7. Carts must obey all traffic laws
8. Only licensed drivers will be allowed to drive golf carts
9. No parking on any grass areas including your own property. If clubhouse parking is full you may park on grass in overflow areas.
10. Any violations of the rules will be looked at by the Board of Directors. Violations have to be in writing and signed and dated by the complainant.
11. All carts, when stored, must be covered with a golf cart cover. No tarps or other materials of any sort will be allowed.
12. Carts all need to have liability insurance and provide a copy to the office
13. A LC Golf Cart Decal is required.

**LAKE CONLEY MHP CONDOMINIUM ASSOCIATION, INC.
ARCHITECTURAL CHANGE REQUEST**

All Architectural change requests, including placement of sheds, must be accompanied by all required approved Pasco County Permits PRIOR to submission to the Board.

A written request must be submitted to the Board of Directors for review and approval PRIOR to any EXTERIOR alterations or changes to a unit or lot.

NAME: _____ LOT NO.: _____

ADDRESS: _____ PHONE NO.: _____

RESIDENT'S SIGNATURE: _____ DATE: _____

PROPOSED ALTERATION:

- (1) Describe the alteration to be considered at bottom of this form.
- (2) Attach a sketch, contractors plans, paint chip, etc.
- (3) When Pasco County Permits are required, attach the approved permit along with all attachments submitted to Pasco County for their approval.

NOTE: Contractor or Builder's business signs are not permitted to be displayed in the yard.

CONTRACTOR'S NAME: _____

STARTING DATE: _____ TO BE FINISHED BY: _____

DESCRIPTION (complete on reverse side if more room is needed): _____

(Do not write below this line. To be completed by Lake Conley Board of Directors)

APPROVED _____ DISAPPROVED _____ (If disapproved give reasons below):

_____ Date _____

_____ Date _____

Reason for disapproval: _____

LAKE CONLEY MOBILE HOME PARK ADDRESS CHANGE FORM

DATE: _____

LOT# _____

NAME: _____

LC ADDRESS: _____

CHANGE TO LAKE CONLEY ADDRESS

CHANGE TO AWAY ADDRESS:

(away address)

LAKE CONLEY MOBILE HOME PARK ADDRESS CHANGE FORM

DATE: _____

LOT# _____

NAME: _____

LC ADDRESS: _____

CHANGE TO LAKE CONLEY ADDRESS

CHANGE TO AWAY ADDRESS:

(away address)

YELLOW DIRECTORY CHANGE

Resident Name 1: _____

Resident Name 2: _____

New LC address (if applicable): _____

New phone number(s):

First Name 1: _____ Cell Number: _____

First Name 2: _____ Cell Number: _____

Landline number (if applicable): _____

(If New resident) Home state _____