

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

**CENTENNIAL BANK**  
www.my100bank.com



**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

FOR BANK USE ONLY:	
Date Received:	
Completed By:	
Date Completed:	
Verified By:	
KEYWORDS:	
Payment Acct #:	
Unique ID Assn:	

•Please complete the Homeowner 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.

<b>Homeowner Electronic Payment Information</b>				
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 Assmt	<input type="checkbox"/> Other:

<input type="checkbox"/> <b>Authorization to Change</b> - Please complete the necessary fields that require a change.				
Payment Date for which change is effective for:				
Type of Change	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:	Enter 1st through 10th only:		Enter 1st through 10th only:	
<input type="checkbox"/> Unit ID - Use only if moving to another unit in the same association:				

<input type="checkbox"/> <b>Authorization to Cancel</b>		
Payment Date for which cancel is effective for:		

<b>Special Instructions:</b>

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

Authorized Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_