



ASSOCIATION ACH PAY AUTHORIZATION

Use this form to sign up for the automated way to make your association maintenance fee payments. Features of this system are as follows:

- Payments automatically deducted from your designated bank account on the 3rd day of the month or quarter in which the payment is due. If the 3rd falls on a holiday or weekend, your payment will be deducted on the next business day.
- Designated bank account can be any Federal Reserve Bank member located in the United States.
- Forms must be received by Cadence Bank by the **20th** of the month prior to your first payment activation. If this cannot be performed, please use your coupon or invoice and a check for the first payment.

To sign up for this payment system, please complete the section below and send the original to the bank with the following items:

- A voided check from your designated account
- The last coupon from your association coupon book (if you have been provided a coupon book). If you pay monthly, this will be your December coupon; if you pay quarterly, this will be your October coupon.

EMAIL REQUEST TO: (PREFERRED)
associationservices@cadencebank.com

WEBSITE:
<http://www.cadencebank.com/association-services>

MAIL TO:
Cadence Bank
 c/o Association Services Department
 P.O. Box 49408, Sarasota, Florida 34230-6408
 Phone: 1 (877) 329-1415 Fax: 1 (877) 238-3303

If you experience a change in bank information or the sale of a unit, please contact the Association Services Department.

ASSOCIATION NAME _____ UNIT NUMBER _____ AMOUNT _____

*****I WOULD LIKE MY AUTOMATIC DEBIT TO START IN _____ (MONTH) _____ (YEAR)*****

I hereby authorize CADENCE BANK, N.A. to initiate debit entries to my Checking or Savings account at the financial institution indicated below for the purpose of making Association Maintenance Payments. It is understood that the amount of such debit entry is based upon information provided by the Management Company or Association and that this amount may change in accordance with new maintenance fee requirements. The Bank is not required to notify me of such change.

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

FINANCIAL INSTITUTION _____ CITY _____ STATE _____

ACCOUNT NO. _____ CHECKING SAVINGS BANK ROUTING NO. _____

This authorization is to remain in full force and effect until Cadence Bank, N.A. has received written notification or the Association account is closed. Written notification must be from the unit owner, the Management Company, or the Association and must include desired termination date. Notification must be received in such time and manner as to afford Cadence Bank, N.A. and the Financial Institution a reasonable opportunity to act on it. NOTE: In case of revoked authorization, CADENCE BANK, N.A. must receive the notification in writing no later than 15 days before the next transaction effective date.

DATE _____ SIGNED X _____

FOR BANK USE ONLY:

UNIT OWNER #:	ASSOC ID #:	MGT CO.:	AMOUNT:	FREQ.	DATE REC'D	1st PMT. DATE: