



Automatic Pay Change Request Form

Use this form to change your bank information, the amount of your auto payment or move the payment date. **Forms must be received by Cadence Bank by the 20th of the month prior to the effective date.**

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

MAIL TO:
CADENCE BANK
C/O ASSOCIATION SERVICES DEPARTMENT
P.O. BOX 49408 SARASOTA, FL 34230-6408
PH: 1-877-329-1415 FAX: 1-877-238-3303

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

I authorize Cadence Bank to change my automatic withdraws for maintenance payments in the following manner:

Effective Date: _____ (mmdyyyy)
Association Name: _____ Unit Number: _____
Unit Owner's Name: _____ Phone: _____
Email Address: _____

Previous Financial Institution: _____ (bank name)

Bank Routing Number _____ Account Number _____ Checking
 Savings

New Financial Institution: _____ (bank name)

Bank Routing Number _____ Account Number _____ Checking
 Savings

****Please attach a voided check from your new designated bank account****

Previous Amount: _____ New Amount: _____
Last Payment Date: _____ (mmdyyyy) New Payment Date: _____ (mmdyyyy)

This authorization is to remain in full force and effect until Cadence Bank 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 and the Financial Institution a reasonable opportunity to act on it. Note: In case of revoked authorization Cadence Bank must receive the notification in writing no later than 15 days before the next transaction effective date.

Date _____ Signed _____

BANK USE ONLY
Date Request Received: _____ Date Completed: _____ Completed by: _____