



## ASSOCIATION AUTO PAY CANCELLATION FORM

**CADENCE BANK MUST RECEIVE THIS FORM BY THE 20TH OF THE MONTH PRIOR TO THE MONTH IN WHICH YOUR NEXT SCHEDULED PAYMENT IS DUE.**

(i.e. If your payment is to debit your account on April 3<sup>rd</sup>, the form must reach the bank by March 20<sup>th</sup>.)

**EMAIL REQUEST TO: (PREFERRED)**  
[associationservices@cadencebank.com](mailto:associationservices@cadencebank.com)

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

**MAIL TO:**  
CADENCE BANK  
C/O ASSOCIATION SERVICES DEPARTMENT  
P.O. BOX 49408  
SARASOTA, FL 34230-6408

I AUTHORIZE CADENCE BANK TO CANCEL THE AUTOMATIC WITHDRAWALS FOR MY MAINTENANCE FEE PAYMENTS.

NAME (UNIT OWNER) \_\_\_\_\_

ASSOCIATION NAME \_\_\_\_\_

MANAGEMENT COMPANY (If APPLICABLE) \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

FREQUENCY OF PAYMENT (MARK ONE)     MONTHLY     QUARTERLY

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
UNIT OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR BANK USE ONLY:**

DATE RECEIVED \_\_\_\_\_

DATE CANCELLED \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

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