

## 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.

Mail to: Cadence Bank  
c/o Treasury Management Department  
P.O. Box 49408  
Sarasota, FL 34230-6408  
Ph: 1 (877) 329-1415 / Fax 1 (877) 238-3303

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

Effective Date: \_\_\_\_\_ (mmddyy)

Association Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Unit Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ (mmddyy) New Payment Date: \_\_\_\_\_ (mmddyy)

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 \_\_\_\_\_

Reviewed by \_\_\_\_\_