

**SCHEDULE D  
CADENCE BANK, N.A.  
ASSOCIATION 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 3<sup>rd</sup> day of the month or quarter in which the payment is due. If the 3<sup>rd</sup> 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, N.A. by the 20<sup>th</sup> 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.

**MAIL TO: Cadence Bank, N.A.**  
C/O Treasury Management Department  
P.O. Box 49408  
Sarasota, Florida 34230-6408  
Ph: 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 Treasury Management 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 \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_ PHONE \_\_\_\_\_

FINANCIAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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:
_____	_____	_____	\$ _____	_____	_____	_____

**BANK COPY**