



**Authorization for Account Information
Non-Authorized Signer**

It is recognized that there may be a need to transfer association funds from one account to another by an individual who does not maintain full authority to execute checks and other items on behalf of the association.

Association Name: _____
Management Company (If Applicable): _____
Tax ID Number: _____
Financial Institution: Sabal Palm Bank _____
Effective Date: _____

Any one of the following individuals is hereby authorized to make inquiries regarding account information and to transfer funds to and from any deposit account residing at the above financial institution (now opened or to be opened in the future) belonging to the above referenced association.

_____	_____
Name	Signature
_____	_____
Name	Signature

This authorization does not give the person(s) listed above any signing authority.
Authorization Approved By:

_____	_____
Signature of Authorized Officer of the Board	Signature of Authorized Officer of the Board

Sabal Palm Bank
C/O Association Department
P.O. Box 3769
Sarasota, FL 34230-3769
LockboxSupport@SPBank.com
PH: 941-806-0434 FAX: 941-306-0914

For Bank Use Only

Date Received _____
Completed By _____