



## Automatic Transfer Termination

### Account Holder

Association Name	
Management Company (If Applicable)	
Contact Name & Number	

Please cancel the automatic transfer of funds listed below:

<u>Transfer From</u>		<u>Transfer To</u>	
Account Number		Account Number	
Account Title		Account Title	

Transfer Amount: \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_

Request to Terminate Transfer Approved By:

\_\_\_\_\_  
Authorized Account Signature

\_\_\_\_\_  
Authorized Account Signature

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

**For Bank Use Only**

Date Request Received \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Completed By \_\_\_\_\_  
Verified By \_\_\_\_\_