



Association Auto Pay Cancellation Form for Management Company

It is requested that Sabal Palm Bank discontinue the following unit owners ACH debit. The unit has been sold and the owner is no longer obligated for payments related to this unit as of the date executed.

Management Company: _____

Association Name: _____

Name of Unit Owner: _____

Unit Number: _____ Amount Paid: _____

The Association and Management Company agree to, and do hereby, defend, indemnify and hold Sabal Palm Bank harmless from and against any and all liabilities, losses, obligations, actions, damages, suits, judgements, penalties, expenses, cost and/or disbursements of any kind or nature whatsoever which may be asserted against, imposed upon or incurred by bank due to the action of this request.

Management Company Representative: _____

Signature of Management Company Representative

Date

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 Request Received _____
Date Completed _____
Completed By _____
Verified By _____