



**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](mailto:LockboxSupport@SPBank.com)  
PH: 941-806-0434 FAX: 941-306-0914

**For Bank Use Only**

Date Received \_\_\_\_\_  
Completed By \_\_\_\_\_