



## New Account Signature Card Request

Association Name: \_\_\_\_\_

Management Company (If Applicable) \_\_\_\_\_

Taxpayer ID #: \_\_\_\_\_ Assoc. ID (For Lockbox): \_\_\_\_\_ # of Units: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

X	Account Type Requested	Account Title (Operating, Reserve, Etc.)	Account Number (Bank Use Only)
<input type="checkbox"/>	Checking Account		
<input type="checkbox"/>	Money Market Account		
<input type="checkbox"/>	Money Market Account		
<input type="checkbox"/>	Certificate of Deposit Term: _____ Amount: _____ Transfer From: _____		
<input type="checkbox"/> 1 <input type="checkbox"/> 2	Number of Signatures Required	Name of Control Prong:	
<b>Account Signers (Please Print)</b>		<b>Title</b>	

Does Association currently use lockbox: \_\_\_\_\_ Average Amount of Payment: \_\_\_\_\_

Where do they currently bank: \_\_\_\_\_ Frequency of Payments: \_\_\_\_\_

Requester's Signature: X \_\_\_\_\_

**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 \_\_\_\_\_ Completed By \_\_\_\_\_  
 Date Completed \_\_\_\_\_ Verified By \_\_\_\_\_