



## Auto Pay Change Request Form

The Auto Pay Change Request Form is used to change bank information, payment date or update the amount of payment to be debited. The completed signed form must be received by Sabal Palm Bank by the 20<sup>th</sup> of the prior month in which the change is to be effective.

**I hereby authorize Sabal Palm Bank to make the following changes to my auto debit:**

Effective Date: \_\_\_\_\_  
Association Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Unit Owner Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
New Financial Name: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings

**\*\*Please note: A voided check from your new designated bank must be included with change request\*\***

Previous Amount: \_\_\_\_\_ New Amount: \_\_\_\_\_  
Last Payment Date: \_\_\_\_\_ New Payment Date: \_\_\_\_\_

This authorization is to remain in effect until Sabal Palm Bank has received written notification or the Association account has been closed. Said written notification must be from the unit owner, the Association or the Management Company and must include the date termination is desired. Notification must be received by the 20<sup>th</sup> of the prior month in which the termination is desired.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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: \_\_\_\_\_