



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: _____

√	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:	

Account Signers (Please Print)	Title

Does Association currently use lockbox: _____ Average Amount of Payment: _____

Where do they currently bank: _____ Frequency of Payments: _____

Requester's Signature: _____

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: _____ Completed By: _____
 Date Completed: _____ Verified By: _____