



## 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: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Sabal Palm Bank**

C/O Association Department

P.O. Box 3769

Sarasota, FL 34230-3769

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**For Bank Use Only**

Date Request Received: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
Completed By: \_\_\_\_\_  
Verified By: \_\_\_\_\_