



## ASSOCIATION ACH PAY AUTHORIZATION

**Use this form to sign up for the automated way to make your association maintenance fee payments. Features of this system are as follows:**

- Payments are automatically deducted from your designated bank account on the **3rd** of the month or quarter in which the payment is due. If the 3rd falls on a weekend or holiday, your payment will be deducted on the **next** business day.
- Designated bank account can be any Federal Reserve Bank member located in the United States.
- Forms must be received by Cadence Bank by the **20th** of the month **prior** to your first payment activation. If this cannot be performed, please use your coupon or invoice and a check for the first payment.

**To sign up for this payment system, please complete the section below and send the form to the bank with the following items:**

- A voided check from your designated account  
OR A Letter of Acct Verification from your Bank
- The last coupon from your association coupon book (if you have been provided a coupon book). If you pay monthly, this will be your December coupon; if you pay quarterly, this will be your October coupon.

**EMAIL REQUEST TO: (PREFERRED METHOD OF DELIVERY)**

[AssociationServices@CadenceBank.com](mailto:AssociationServices@CadenceBank.com)

**MAIL TO:**

Cadence Bank-Assn SVCS  
c/o -Houston LBX/ACH Processing  
4263 Dacoma St Houston TX 77092  
Phone: 1 (877) 329-1415 Fax: 1 (877) 238-3303

**WEBSITE:**

<http://www.cadencebank.com/association-services>

If you experience a change in bank information or the sale of a unit, please contact the Association Services Department.

**ASSOCIATION NAME** \_\_\_\_\_ **ACCOUNT / UNIT / LOT #** \_\_\_\_\_

**FREQUENCY OF PAYMENT** \_\_\_\_\_ **AMOUNT \$** \_\_\_\_\_

**I WOULD LIKE MY AUTOMATIC DEBIT TO START IN (MONTH)** \_\_\_\_\_ **(YEAR)** \_\_\_\_\_

I hereby authorize CADENCE BANK to initiate debit entries to my Checking or Savings account at the financial institution indicated below for the purpose of making Association Maintenance Payments. It is understood that the amount of such debit entry is based upon information provided by the Management Company or Association and that this amount may change in accordance with new maintenance fee requirements. The Bank is not required to notify me of such change.

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**FINANCIAL INSTITUTION** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ROUTING #** \_\_\_\_\_ **CK**    **SAV**    **ACCOUNT #** \_\_\_\_\_

This authorization is to remain in full force and in effect until Cadence Bank has received written notification or the Association account is closed. Written notification must be from the unit owner, the Management Company, or the Association and must include a desired termination date. Notification must be received in such time and manner as to allow Cadence Bank and the Financial Institution a reasonable opportunity to act on it. NOTE: In case of revoked authorization, CADENCE BANK must receive the notification in writing no later than 15 days before the next transaction effective date.

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

**FOR BANK USE ONLY:**

<b>UNIT OWNER #:</b>	<b>ASSOC ID #:</b>	<b>MGMT CO.:</b>	<b>AMOUNT:</b>	<b>DATE REC'D:</b>	<b>1st PMT. DATE:</b>
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