

**ASSOCIATION AUTO PAY CANCELLATION FORM**

**CADENCE BANK MUST RECEIVE THIS FORM BY THE 20TH OF THE MONTH PRIOR TO THE MONTH IN WHICH YOUR NEXT SCHEDULED PAYMENT IS DUE.**

(I.E. IF YOUR PAYMENT IS TO DEBIT YOUR ACCOUNT ON APRIL 3RD, THE FORM MUST REACH THE BANK BY MARCH 20TH.)

MAIL TO: CADENCE BANK  
C/O TREASURY MANAGEMENT SERVICES  
P.O. BOX 49408  
SARASOTA, FL 34230-6408

I AUTHORIZE SUPERIOR BANK TO CANCEL THE AUTOMATIC WITHDRAWALS FOR MY MAINTENANCE FEE PAYMENTS.

NAME (UNIT OWNER) \_\_\_\_\_

ASSOCIATION NAME \_\_\_\_\_

MANAGEMENT COMPANY (If APPLICABLE) \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

FREQUENCY OF PAYMENT (MARK ONE)  MONTHLY  QUARTERLY

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
UNIT OWNER'S SIGNATURE DATE

**FOR BANK USE ONLY:**

DATE RECEIVED \_\_\_\_\_

DATE CANCELLED \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

CADENCE BANK  
TREASURY MANAGEMENT SERVICES  
P.O. BOX 49408  
SARASOTA, FL 34230-6408  
PH:1-877-329-1415 FAX: 1-877-238-3303