

Schedule D - Association Auto Pay Authorization

The Association Auto Pay Authorization Form allows for your association payments to be debited directly from your designated United States bank account. The debits occur on the 3rd day of the month that your payment is due. Should the 3rd day of the month be a weekend or holiday the debit will take place the following business day. Should this occur your payment could be considered late by the Association and they may assess a late fee. Completed forms must be received by the 20th of the prior month in which you would like your first payment activation.

Association Name: Unit Number: Amount:

I would like for my first automatic debit to start in: (month & year)

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

Name: Phone Number:

Address: City: State: Zip:

Financial Institution: Phone Number:

Institution Address: City: State: Zip:

Routing/ABA Number: Account Number: Checking
 Savings

*****Please make sure a voided check from the designated account is included with completed form in order for set up to take place*****

This authorization is to remain in full effect until Sabal Palm Bank has received written notification or the Association account is closed. Written notification must be from the unit owner, the Association or the Management Company and must include termination date. Notification must be received by Sabal Palm Bank by the 20th of the prior month in which authorization is to be discontinued. The Association and its Management Company agree to indemnify, defend and hold the Bank harmless from and against all cost, including reasonable attorney's fees damages or claims, of any nature whatsoever, related to or arising out of the Banks conduct in connection with the request described herein.

FOR BANK USE ONLY

Signed: _____ **Date:** _____

Unit Owner Number: _____
 Association ID: _____
 Mgmt Co: _____
 Amount: _____
 Frequency: _____
 Date Received: _____
 1st Payment Date: _____
 Placed By: _____
 Reviewed By: _____

MAIL COMPLETED FORM ALONG WITH VOIDED CHECK TO:

SABAL PALM BANK
 C/O ASSOCIATION DEPARTMENT
 P.O. BOX 3769
 SARASOTA, FL 34230-3769
 PH: 941-806-0434 FAX: 941-306-0914