



Association Banking Auto Pay Authorization

The Association Banking 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 occur on 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.

New Enrollment

Change of Information

Cancellation

Association Name _____ Unit Number: _____ Account #: _____

Amount: _____ First auto debit to start in (month & year): _____

I hereby authorize Seacoast 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. Seacoast Bank is not required to notify me of such change.

Name: _____ Phone #: _____

Email: _____ Financial Institution: _____

Address: _____ Acct. #: _____

City: _____ Routing Number: _____

State: _____ Zip Code: _____ Checking Savings

****New Enrollment or Change Information: Please make sure a voided check from the designated bank account is included with this completed form in order for setup to take place****

****Completed forms must be received by the 20th of the prior month in which you would like your changes to be effective****

This authorization is to remain in full effect until Seacoast 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 Seacoast 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 Bank's conduct in connection with the request described herein.

Signature: _____ Date: _____

Mail or email completed form along with voided check to:
Seacoast National Bank
Attn: Treasury Management
Post Office Box 9012
Stuart FL 34994
Lockboxsupport@seacoastbank.com

For Bank Use Only

Date Received: _____ Payment Frequency: _____ Unit Owner Number: _____

Client ID: _____ Association ID: _____ Order Placed By: _____

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