



## 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 3<sup>rd</sup>, the form must reach the bank by March 20<sup>th</sup>)

**EMAIL REQUEST TO: (PREFERRED)**

[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**

**WEBSITE:**

[www.cadencebank.com/association-services](http://www.cadencebank.com/association-services)

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

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

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

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

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