



Automatic Pay Change Request

Use this form to change your bank information, or the amount of your auto payment.

Forms must be received by Cadence Bank by the **20th of the month prior to the effective date.**

EMAIL REQUEST TO: (PREFERRED)
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: 1-877-941-8006

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

I authorize Cadence Bank to change my automatic withdraws for maintenance payments in the following manner:

Effective Date: (Month) _____ (Year) _____ Account / Unit Number: _____

Association Name: _____

Unit Owner's Name: _____ Phone: _____

Email Address: _____

Previous Financial Institution: (Bank Name) _____

Bank Routing #: _____ Account Number: _____

New Financial Institution (Bank Name) _____

Bank Routing #: _____ Account Number: _____

****Please attach a voided check from your new designated bank account****
Or you can provide a Letter of Account Authorization from your Bank

Previous Amount: _____ Last Payment Date: _____ Previous Frequency: _____

New Amount: _____ New Payment Date: _____ New Frequency: _____

This authorization is to remain in full force and 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 desired termination date. Notification must be received in such time and manner as to afford 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 _____

BANK USE ONLY

Date Request Received: _____ Date Completed: _____ Completed by: _____