

**Automatic Debit Payment Service
Authorization to Change or Cancel**



Send completed form to:

Stonegate Bank Association Lockbox Services

Toll Free Fax Number: 866-345-9137

Mail to: PO Box 30061
Tampa, FL 33630-3061

Phone Number: 866-227-0441

FOR BANK USE ONLY:	
Date Received:	
Institution #:	
Completed By:	
Date Completed:	
Verified By:	
KEYWORDS:	
Payment Acct #:	
Unique ID Assn:	

Please complete the Homeowner Electronic Payment Information and the Authorization to Change or Authorization to Cancel sections below. Stonegate Bank must receive this request at least 5 days prior to the next debit date for the changes or cancellation indicated below to take effect.

Homeowner Electronic Payment Information					
Please complete the fields below to assist us in locating your electronic payment information.					
Association Name:				Amount Debited:	
Homeowner Name:			Posting ID:		
Unit ID:					
Homeowner Mailing Address:					
Homeowner Phone #:			Homeowner Fax #:		
Payment Type:	<input type="checkbox"/> All Payments	<input type="checkbox"/> Only Maintenance	<input type="checkbox"/> Only Spec Assmt	<input type="checkbox"/> Other:	

<input type="checkbox"/> Authorization to Change - Please complete the necessary fields that require a change.				
Payment Date for which change is effective for:				
Type of Change	From Information		To Information	
Attach a voided check for Bank Routing Number, Account Number or Account Type changes.				
<input type="checkbox"/> Bank Routing Number:				
<input type="checkbox"/> Account Number:				
<input type="checkbox"/> Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<input type="checkbox"/> Skip Payment (Only 1 payment can be skipped):			Enter next debit month:	
<input type="checkbox"/> Payment Debit Day:	Enter 1st through 10th only:		Enter 1st through 10th only:	
<input type="checkbox"/> Unit ID - Use only if moving to another unit in the same association:				

<input type="checkbox"/> Authorization to Cancel		
Payment Date for which cancel is effective for:		

Special Instructions:

I authorize Stonegate Bank to change or cancel my automatic debit as indicated above.

Authorized Signature: _____

Date Submitted: _____