

Sign up for Automatic Payment

HERE'S HOW THE PROGRAM WORKS:

Q. What is the Automatic Payment Program?

A. The Automatic Payment Program (ACH) is a service we offer that allows you to pay your monthly association assessment with an automatic withdrawal from your checking account.

Q. What if I own more than one property?

A. You may pay your monthly assessment through ACH for one or all of your properties. Please complete an application form for each property you wish to enroll in ACH.

Q. How do I join?

Α. Complete the application and return it to the Summerlin North Community Association office. The completed form may be faxed to **702-256-2585**, along with a copy of your voided check or account deposit slip. The form and check may be emailed savings to north.accounting@howardhughes.com. You should receive a confirmation letter within 30 days. Please continue to mail checks for your assessments until you receive notice that automatic payments will begin.

Q. On what date will my bank account be debited and for how much?

A. On the 10th of each month, the assessment amount will be withdrawn from your account. There is a \$15.00 return item fee for all automatic withdrawals not paid by your bank.

Q. Do I have to renew each year?

A. No. Once you join ACH, it will continue until you cancel.

Q. What if I need to change my bank account information or cancel my ACH service?

A. All changes to your automatic payments must be received in writing no later than **the 1st of each month**. Please call us for forms or visit www.summerlink.com.

Q. Where do I send my application?

A. ACH Applications can be mailed, emailed or faxed to:

Summerlin North Community Association 2120 Snow Trail Las Vegas, NV 89134 Fax #: 702-256-2585 Email: north.accounting@howardhughes.com

Please do not mail any correspondence to our Los Angeles Lockbox

Q. What if I have a question?

A. Please call the Summerlin North Community Association at 702-838-5500.

	Las \ F	lorth Community 2120 Snow Trail /egas, NV 89134 ax: (702) 256-256 counting@howa	l -6709
Name (as shown o	n your deed):		
Property Account N	lumber (optional):		
Property Address:			
Mailing Address (if	different):		
Email Address:			
Home Phone: ()	Other Phone:	()
Please debit my:	Checking Ac	OR	 Savings Account (Attach a savings deposit slip)
Name (as shown o	n checking or savings ac	count):	
Routing Transit No		Bank Accou	nt No:
Financial Institution	:		
Financial Institutior	Phone Number: ()	
designated on t monthly assessm month. I unders insufficient funds. the plan. In add Community Asso therein. Should I	his application to ch ent. I understand that tand that a fee may b If two requests are re dition, I understand t ciation reserve the righ	arge the accour my Bank Accour e charged to my eturned for insuf that both the fir nt to terminate th om the plan, I w	esociation and the financial institution nt I have specified for payment of my nt will be debited on the 10 th day of each account for each request returned fo fficient funds, I will be excluded from nancial institution and Summerlin North his payment plan and/or my participation <i>v</i> ill give written notification to Summerlin rior to my withdrawal.
			Date Signed