

To change your account for the Automatic Payment Program, complete this form, attach your voided check or savings deposit slip and return them to:

Name (as shown on your deed): _____

Property Address: _____

Mailing Address (if different): _____

Email Address: _____

Name (as shown on checking or savings account): _____

Financial Institution: _____

Financial Institution Phone Number: () _____

Signature _____ Date Signed _____

***Please call the Summerlin Community Management Association office
if you have questions at 702-791-4600.***