

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 Account Number (optional): \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: (       ) \_\_\_\_\_ Other Phone: (       ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name (as shown on checking or savings account): \_\_\_\_\_

Transit Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

<i>Street</i>	<i>City and State</i>	<i>ZIP Code</i>
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Financial Institution Phone Number: (        ) \_\_\_\_\_

I hereby authorize Summerlin West Community Association and the financial institution designated on this application (and Appendix A if applicable) to charge the account I have specified for payment of my monthly assessment. I understand that a fee may be charged to my account for each request returned for insufficient funds. If two requests are returned for insufficient funds, I will be excluded from the plan. In addition, I understand that both the financial institution and Summerlin West Community Association reserve the right to terminate this payment plan and/or my participation therein. Should I choose to withdraw from the plan, I will give written notification to Summerlin West Community Association, not less than 30 days prior to my withdrawal.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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