SUMMERLIN
SOUTH
COMMUNITY ASSOCIATION

AUTOMATIC PAYMENT PROGRAM APPLICATION & AGREEMENT

Name: _____

Property Account Number: _____

Property Address: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

I hereby authorize Summerlin South Community Association ("Association") to debit the account I have specified on a recurring basis for payment of my monthly assessment in the amount of $_____. This amount will be debited from my account on the tenth day of each month. If your account has an outstanding balance after the authorized debit, a late charge will continue to accrue for every month the account remains delinquent.

If the monthly assessment increases, the Association will provide written notification of the new amount, mailed to the address above and your address of record with the Association, if different, at least 10 calendar days prior to the debit. Thereafter, the new amount will be debited from your account on the same recurring basis.

When the Association uses information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the tenth day of the month and the tenth day of each month thereafter. You will not receive your check back from your financial institution.

If your payment is returned unpaid ("NSF"), the Association will make two attempts to debit your account for payment. You further authorize the Association to make an electronic fund transfer from your account to collect an NSF fee of $15.00 for each attempt to debit the monthly assessment amount. If two requests are returned NSF, you will be excluded from the program and the Association may refer your delinquent accounts to its attorneys for immediate commencement of formal collection proceedings. In addition, the Association reserves the right to terminate your participation under this Agreement and will notify you in writing.

Should you change banks or want to change the account from which your assessment is debited, you agree to execute a new Agreement on or before the 15th of the month for it to be effective as part of the next month's deduction. Should you choose to revoke your authorization for direct debit of the monthly assessment, you agree to give written notice of not less than 15 days.

10588 Marketwalk Place
Las Vegas, NV 89135
Phone (702) 791-4626

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CHECKING ACCOUNT

(Please attach a voided check)

Name as shown on checking account: _____

Routing Number: _____

Bank Account Number: _____

A copy of this executed Agreement must be provided to the person authorizing the debt from his/her account.

_____ _____

Signature Date

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