Automatic **P**ayment **P**rogram – ***BANK ACCOUNT CHANGE***

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

Summerlin West Community Association
2115 Festival Plaza Dr. STE. 220
Las Vegas, NV 89135-2930
Fax (702) 791-4660
Email: summerlinwest@howardhughes.com

Name (as shown on your deed): _____

Property Account Number (optional): _____

Property Address: _____

Mailing Address (if different): _____

_____

Home Phone: ( ) _____ Other Phone: ( ) _____

Email Address:_____

Please debit my: Checking Account **(Attach a voided check)** ***OR*** Savings Account **(Attach a savings deposit slip)**

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

Transit Number: _____ Bank Account Number: _____

Financial Institution: _____

Address: _____
Street *City and State* *ZIP Code*

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.