## Automatic Payment Program – 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 South Community Association 2115 Festival Plaza Dr. Ste 220 Las Vegas, NV 89135-2930 Fax (702) 791-4660

Email: summerlinsouth@howardhughes.com

Name (as shown or	n your deed):			
Property Account N	umber (optional):			
Property Address: _				
Mailing Address (if	different):			
Home Phone: (	) Other	r Phone: (	)	····
Email Address:				
Please debit my:	Checking Account (Attach a voided check)	OR	Savings Ac (Attach a s	count avings deposit slip
Name (as shown or	n checking or savings account):			·
Transit Number:	Bank	Account Nur	mber:	····
Financial Institution	:			
Address:				
Street		City &	and State	ZIP Code
Financial Institution	Phone Number: ( )	· · · · · · · · · · · · · · · · · · ·		
designated on this specified for payn account for each insufficient funds, financial institution this payment plan will give written no prior to my withdr	e Summerlin South Communs application (and Appendix Anent of my monthly assessment of my monthly assessment of my monthly assessment of the plant of	A if applicablent. I undersent funds. If the lan. In additional munity Assopin. Should In Community	e) to charge the act tand that a fee may wo requests are reon, I understand the ciation reserve the choose to withdray Association, not I	ccount I have y be charged to my eturned for nat both the e right to terminate w from the plan, I ess than 30 days
			<u> </u>	

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