

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
1980 Festival Plaza Dr. STE.340
Las Vegas, NV 89135-1200
Fax (702) 791-4660
Email: summerlinsouth@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 South 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 South 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 South 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, 791-4600.**