

## 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 West Community Association**  
**1980 Festival Plaza Dr. STE. 340**  
**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.**