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

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

Summerlin North Community Association
2120 Snow Trail
Las Vegas, NV 89134
Fax (702) 256-2585
Email: north.accounting@howardhughes.com

Name (as shown on your deed) _____

Property Account Number (**optional**)_____

Property Address _____
(Please complete Appendix A for additional properties)

Mailing Address (if different)_____

Email Address _____

Home Phone ( ) _____ Work Phone ( ) _____

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

Name (as shown on checking or savings account) _____

Transit Number _____ Bank Account Number _____

Financial Institution _____

Financial Institution Phone Number ( ) _____

I hereby authorize Summerlin North 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 North 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 North Community Association, not less than 30 days prior to my withdrawal.

Signature _____ Date Signed _____

Please call the Summerlin North Community Association Management office
if you have questions, 702-838-5500 or email: north.accounting@howardhughes.com