Automatic **P**ayment **P**rogram **A**pplication & **A**greement

To join 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 Drive, Suite 220
Las Vegas, NV 89135
summerlinwest@howardhughes.com
Fax (702) 791-4660

Name (as shown on your deed) _____

Property Account Number _____

Property Address _____

Mailing Address (if different) _____

Home Phone ( ) _____ Work Phone ( ) _____

Email Address: _____

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) _____

Routing Transit No. _____ Bank Account No. _____

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 Association Management office if you have questions, (702) 791-4600.