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## **SIGN UP FOR AUTOMATIC PAYMENT**

You can now sign up to pay your association assessment more conveniently, without having to write a check or mail an envelope. Here are some frequently asked questions you might find helpful:

### **What is the automatic payment program?**

The automatic payment program allows you to pay your assessment by having it automatically withdrawn from your approved checking or savings account.

### **Who is eligible to join the program?**

Any homeowner with a valid checking or savings account and whose account is in good standing with the homeowners association is eligible to join the program.

### **How do I sign up?**

Complete the attached authorization agreement. If payment will be made from your checking account, include a voided check with your application. If payment will be made from your savings account, include a blank savings deposit slip. Be sure to include your bank's transit or routing number on the application. Return the completed agreement to Terra West Property Management and you will receive a notice of the enrollment start date. Please continue to make your regular payments until you receive confirmation of your enrollment. Please be advised that you are responsible to notify us immediately if your payment is not being withdrawn after having received a confirmation letter.

### **When is my account debited?**

Your bank account will be debited on the 1<sup>st</sup> of every billing cycle. Unfortunately, this date cannot be changed. Should the assessment amount change due to budget adjustments, your withdrawal amount will change accordingly automatically; there is no need to re-submit your application.

### **What is a transit/routing number?**

A transit or routing number identifies the location of your bank or other financial institution. It is the first nine digits, usually located at the bottom left corner of your check or savings deposit slip. If you cannot locate the transit/routing number for your account, your financial institution can assist you in identifying the correct numbers.

# AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

Association Name: \_\_\_\_\_

Association Account Number: \_\_\_\_\_

I (We) hereby authorize TERRA WEST MANAGEMENT SERVICES, to initiate debit entries to my (our) Checking Account/Savings Account at the financial institution named below, and to debit the same to such account on the 1st of each billing cycle. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (We) also understand that my (our) account must have a zero balance prior to any debit entries being initiated, and that my (our) application will be cancelled if the account balance is not zero within 90 days of receipt of original submission.

Bank Name: \_\_\_\_\_ Branch (if applicable) \_\_\_\_\_

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_ Bank Zip: \_\_\_\_\_

Type of account (please select one):  **Checking Account**  **Savings Account**

Transit/Routing Number \*: \_\_\_\_\_ Account Number: \_\_\_\_\_

Assessment Debit Amount (\$) \_\_\_\_\_ \*per association's billing cycle

**PLEASE PROVIDE A PHOTOCOPY OF A CHECK OR A VOIDED CHECK WITH YOUR ACCOUNT NUMBER. IF USING A SAVINGS ACCOUNT, PROVIDE A BLANK DEPOSIT SLIP.**

*\*You may need to verify with your financial institution the correct Transit/Routing number that should be used for automatic payments.*

This authorization is to remain in full force and effect until written notification from me (or either of us) has been received, in such time and such manner as to afford Terra West Management Services and your financial institution a reasonable opportunity to act upon it. Any payments returned by your financial institution will result in a returned payment fee assessed by your homeowner association, cancellation of any future direct debits, and require a NEW submission of an ACH application.

**Property Address:** Street Address: \_\_\_\_\_

Apt./Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Requested By:** Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize to receive all ACH correspondence via E-mail: \_\_\_\_\_

\*All applications must be received prior to the 25th of the month to be enrolled for the next billing cycle. Applications must be submitted via fax to 702.251.4350 or sent via email to [accounting@terrawest.com](mailto:accounting@terrawest.com). Any changes or cancellations must be received 5 days prior to the date of withdrawal