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### ACH NEW / CHANGE / CANCELLATION NOTICE

**NEW** AUTHORIZATION  
FOR WITHDRAWAL

**CHANGE** ACCOUNT WITHDRAWAL  
INFORMATION

**CANCEL** ELECTRONIC  
WITHDRAWAL

Effective Date: \_\_\_\_\_

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 indicated below, and to debit the same to such account on the 1st month of each billing cycle. I/We acknowledge that the origination of ACH transactions to my/our bank account must comply with the provisions of U.S. law. I/We also understand that my/our account with the Association 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 ninety (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**  **SAVINGS**

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

*\*Verify with your financial institution the correct Transit/Routing number to be used for automatic payments*

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

*\*\*Recurring withdrawal amount(s) will be adjusted automatically if an increase/decrease in Assessment occurs pursuant to the Association's adopted/ratified budget – a new form is not required to change this information.*

**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.**

This authorization is to remain in full force and effect until written notification from me/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's association, cancellation of any future direct debits, and require a NEW submission of an ACH application.

Property Address: \_\_\_\_\_

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

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

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

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

I hereby authorize to receive all ACH correspondence via email at: \_\_\_\_\_

**\*All New, Change, or Cancellation applications must be received prior to the 25<sup>th</sup> of the month to take effect 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).**