



PGA WEST
RESIDENTIAL ASSOCIATION, INC.

AUTOMATIC TRANSFER AUTHORIZATION

To enroll in the AUTOMATIC (EFT) PAYMENT PLAN, please complete this form.

Mail to:

PGA West Residential Association, Inc.
54-320 Southern Hills
La Quinta, CA 92253

Monthly Assessment Amount \$ _____

Enter the Exact Name which appears on the Account to be charged

Enter the Name and Branch of the Bank where the Account is held
****MUST BE A U.S. BANK****

Enter the Address of the Bank and its Branch, including ZIP Code

Bank Account Number & Routing Number

HOA Account Number

Homeowner Telephone Number

PGA West Address

The payment will be deducted from your bank account **ON OR AFTER THE 8TH OF EACH MONTH**. I/We authorize PGA West Residential Association, Inc. to charge the above account for the amount indicated. PGA West Residential Association, Inc. may continue to charge the above account until the Association receives my/our written notice of cancellation.

NOTICE TO ACCOUNT OWNER: The bank reserves the right to terminate this automatic payment option upon written notice. Signatures of all owners of the deposit account are required on this authorization.

Signature

Date

Signature

Date

*****PLEASE ATTACH A "VOIDED" CHECK SHOWING YOUR BANK ACCOUNT AND BANK ROUTING NUMBERS*****

NO MAIL



NO CASH



NO PHONE CALLS

