

PGA WEST RESIDENTIAL ASSOCIATION  
ACH AUTOMATIC TRANSFER AUTHORIZATION

To enroll in the automatic (EFT) payment plan,  
Please complete, sign and return this form to:

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

or

E-mail to: [nayelyl@pgawest.org](mailto:nayelyl@pgawest.org)

Unless instructed otherwise, we will deduct monthly assessments only.  
Please include copy of voided check

**\*\*Must be a United States funds bank\*\***

Homeowner Name: \_\_\_\_\_

PGA Account Number: \_\_\_\_\_

PGA West Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

The payment will be deducted from your bank account **ON OR AFTER THE 8<sup>TH</sup> OF EACH MONTH**. I/We authorize PGA West Residential Association, Inc. to charge the above account for monthly assessments. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail



Late Fees



Phone Calls

