

PGA WEST RESIDENTIAL ASSOCIATION, INC.

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

Fax (760) 771-5125

E-mail: chrisf@pgawest.org

Unless instructed otherwise, we will deduct monthly assessments only.

Please include copy of voided check

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

****MUST BE A U.S. BANK****

Routing Number & Account 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 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

