

PROPERTY OWNER INFORMATION

Rental Property Address: _____

Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

TIN or SS #: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Mail Check: Yes No (circle one) Email Statement: Yes No (circle one)

BANK ACCOUNT INFORMATION FOR ACH DEPOSIT OF MONTHLY PROCEEDS

Bank Name: _____ State it was opened in: _____

Name as it appears on the account: _____

Bank Account # _____ (circle one) SAVINGS CHECKING OTHER: _____

BANK ACH #: (this is not necessarily the same as the number on your checks or deposit slip, contact your bank for this info)

I understand that by signing this I authorize CTXR PROPERTY MANAGEMENT, LLC dba Equity PMG to deduct \$5 per month from my account for this service. I further understand that it may take up to 3 business days for funds to reach my account from the date the ACH deposit is completed by Equity PMG.

Signature: _____ Date: _____

EMERGENCY CONTACT INFO:

Name _____

Address _____

Phone _____

Email _____

