

Direct Deposit Enrollment Form

I (we) hereby authorize PRS Property Management, LLC (PRS) to initiate entries to my account indicated at the depository named below.

Bank Name _____ Branch _____

City _____ State _____ ZIP _____

Account number: _____

This authorization is for properties under management by PRS and to remain in full force and effect until PRS has received written notification from me/us of its termination in such time and in such manner as to afford PRS a reasonable opportunity to act on it.

Name(s) (Please Print): _____

Rental Property Address (List only one if we manage multiple):

E-mail Address: _____

Day time phone #: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

You must include a copy of a Check
(No Deposit Slips Please)

Mail to:

PRS Property Management, LLC
Attn: Accounting Dept.
4129 W. Milky Way.
Chandler, AZ 85226

Or by Fax:

480-838-4817