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 #: _______

You must include a copy of a Check

Signature: Date:

(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