Direct Deposit Enrollment Form

I (we) hereby authorize Prime Property Management, (PPM) 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 managemereceived written notification from me/us of its to sonable opportunity to act on it.			
Name(s) (Please Print):			
Rental Property Address (List only one if we mana	age 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:

Prime Property Management, Inc. 1750 Tysons Blvd. Suite 1500 McLean, Virginia 22102