



**E M E R A L D**

Property Management, Inc.

**Owner Check Deposit Information Sheet**

Owner Name(s): \_\_\_\_\_

PLEASE PRINT

**I wish to have my checks deposited via electronic transfer:**

*You must complete the bottom portion of this form for this option. If the form is incomplete or the account and/or routing numbers are inaccurate the electronic transfer will not be completed. If any or all information needs to be changed a new form will be required at least 15 days prior to the change taking effect. You must sign below*

**I do not want to have my checks deposited via electronic transfer:**

*If you check this option, your check will be mailed with your statements on the last business day of the calendar month. You must sign below*

**Electronic Bank Transfer Information**

Name on Bank Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_ into Checking:  or Savings:

**Bank Routing Number:** \_\_\_\_\_  
Nine Digits

Owner Signature(s): \_\_\_\_\_  
\_\_\_\_\_

If we do not receive this form prior to your next bank deposit, your check will be mailed with your statement. Please contact Kat at (541) 741-4676 x 211 if you have any questions or concerns.

Owner Code : \_\_\_\_\_

Date : \_\_\_\_\_