



## Owner Bill Payment Request

Name: \_\_\_\_\_

I request that Birch Management, Inc pay my monthly bills as listed below. I understand that bills are paid on, or about the 25<sup>th</sup> of each month and agree that this is acceptable.

I acknowledge that I am required to maintain a reserve in Birch Management's Trust Account in excess of the anticipated monthly disbursements. I further acknowledge that, if for any reason my available funds be insufficient to make the necessary payments, Birch Management has no obligation to make such payment.

<u>Property Address</u>	<u>Payee Name and Address</u>	<u>Amount</u>

Agreed: \_\_\_\_\_, Owner

Upon execution of this request, please return to our office. **Please include any appropriate payment booklets.**

PO Box 9542

Greensboro, NC 27429