



7120 Pav Way #103
Prescott Valley, Arizona 86314
www.ppprescott.com

Telephone: (928) 445-8750
Fax: (928) 445-5542
Email: info@ppmprescott.net

Dear New Owner,

Enclosed with your Management Contract is a form for our records. Please complete, sign and return to our office. This form includes information to help us keep our bookkeeping accurate and to help us to serve you in the best way possible.

- Line #1:* This should be the exact way you would like your name on your checks, if applicable.
- Line #2:* Mailing address for correspondence etc.
- Line #3:* Current telephone numbers. Please include home, office, cellular and fax numbers as well as your email address. We use email or communication through the portal for most of our non-emergency contact. Please indicate if you prefer to be called and which number is best to reach you.
- Line #4:* Insurance information. All properties must be insured. If the property has not been a rental property previously, it will be necessary for you to contact your insurance agent to update your policy.
- Line #5:* Emergency contact in the event of an emergency and we are unable to reach you.

A direct deposit form is also attached if you prefer to have your check directly deposited to your bank instead of mailed. Please complete and sign this form, with a copy of a voided check.

Thank you for your cooperation in this matter. I am sure this will help our office be better able to service your efficiently. If you have any questions, please do not hesitate to give us a call.

Sincerely,
Diane Tenison
Diane Tenison



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PLEASE TYPE OR PRINT

Property Address: _____

1. Checks are to be made payable to: _____

2. Address checks/correspondence to be mailed to: _____

3. Current telephone numbers are:

Home: _____ Work: _____

Fax: _____ Cellular: _____

Email address: _____

4. Insurance information:

Company: _____

Policy No.: _____

Agent: _____

Address: _____

Telephone No.: _____

5. Emergency contact: _____

Phone #: _____

Signature: _____ Date: _____



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Owner name: _____

Address(es) of property managed: _____

I (we) hereby authorize **Pierce Property Management** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) () **Checking** () **Savings account** (select one) indicated below: And the depository named below to credit and/or debit the same such account. The amount of the entry may change at any time.

Owner disbursements are made by agreement depending on rent availability. An owner report will be mailed, emailed or posted to your portal no later than the 15th of the month in which said deposit is made.

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____

Attach a blank check to this authorization form (VOID may be written on the check)

This authority is to remain in full force and effect until **Pierce Property Management** has received written notification from me (us) of its termination at least 30 days prior to the next transaction date.

Printed names(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Approved by: _____

Property Manager

Accounting