



**Owner Bill Payment Request Form**

Owner 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 Frontline Property Management, Inc.'s Trust Account in excess of the anticipated monthly disbursements. I further acknowledge that, if for any reason my available funds are insufficient to make the requested payments, Frontline Property Management, Inc. has no obligation to make such payment(s).

Property Address:	Payee Name and Address:	Amount:

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

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

**5601 Bridge Street Ste 504, Fort Worth, TX 76112**