



# COG MANAGEMENT

283 Hiram Sudie Rd. Suite C Dallas, GA 30157  
 (770) 505-6000 Fax: (678) 623-0424  
[www.coghomes.com](http://www.coghomes.com)

## Owner Direct Deposit CHANGE Form

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

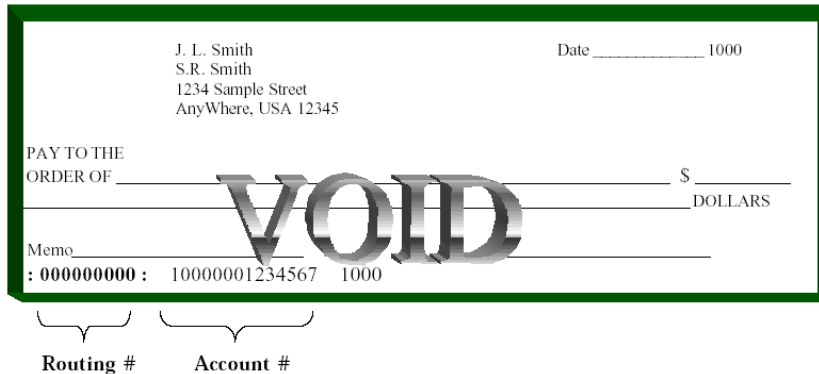
Apartment Number(s): \_\_\_\_\_

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

Checking Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Property Address: \_\_\_\_\_



***(Please attach voided check over sample check with tape)***

- Please give a 30 business day written notice prior to the first day of the month that you are moving.
- It is the owner's responsibility to notify this office in writing of any name changes or bank account changes (along with a new voided check).
- You will be notified in writing from this office of any changes affecting your payment.

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

Bank Draft Holder's Signature (if different from the resident): \_\_\_\_\_ Date: \_\_\_\_\_

Fax/mail Form to: COG Management, Fax # 678-623-0424

<p><u>For Apt. office use:</u></p> <p>Entered/Faxed: _____</p> <p>Date: _____</p>
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