



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

Owner Direct Deposit AUTHORIZATION Form

Name: _____

Address: _____

City/State/Zip: _____

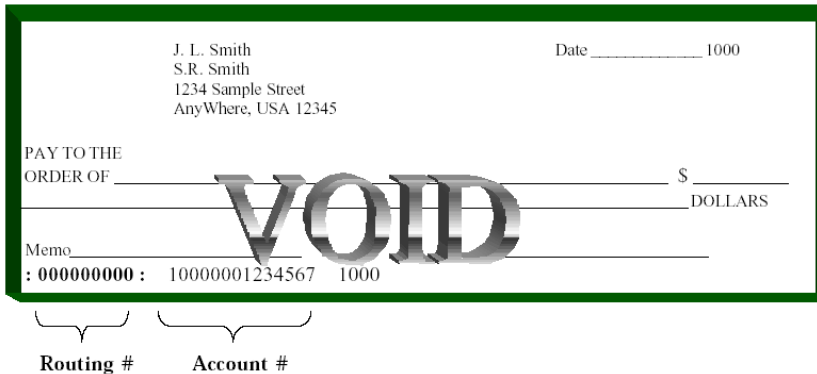
Apartment Number(s): _____

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

For Apt. office use:
Entered/Faxed: _____
Date: _____