



Payment Direction Form

Site I.D.

Site Name



LANDLORD NAME AND CONTACT INFORMATION

Landlord Name:	
Title (if applicable):	
Street Address:	
City, State, Zip:	
Email Address:	
Telephone/Cell	

PAYMENT DIRECTION INFORMATION

Payment Percentage Split:

Select One, if Applicable:	<input type="checkbox"/> 50% / 50% <input type="checkbox"/> 33% / 33% / 34% <input type="checkbox"/> 25% / 25% / 25% / 25% <input type="checkbox"/> 20% / 20% / 20% / 20% / 20%
Option Payment Amount per Lease:	\$
Rent Payment Amount per Lease:	\$

Landlord Documents Attached:

W-9(s) – Required Enter Count:	
EPA(s) with *VOIDED* Check or Deposit Slip (optional) Enter Count:	

Site I.D.**Site Name****PAYMENT SPLIT INFORMATION:**

W-9 Form	EPA Form	Please Print PAYEE Name(s) Below:	Payment % Split to EACH Payee: (Enter 100% if NO % Split)	\$ Amount to be Paid to EACH Payee:
Grand Total Percentage (%) MUST Add Up to 100%				

Site I.D.**Site Name**

Landlord Authorized Signature: _____

Landlord Authorized Print Name: _____

Date: _____

Landlord Authorized Signature: _____

Landlord Authorized Print Name: _____

Date: _____

Landlord Authorized Signature: _____

Landlord Authorized Print Name: _____

Date: _____

Landlord Authorized Signature: _____

Landlord Authorized Print Name: _____

Date: _____