

Client Bill Payment Request

terms.	nt, inc. is pleased to of	fer full service bill paymei	nt services ui	naer the t	ollowing
Birch Managemen management as li		ociated with the operatio	n of propert	ies under	
Bills are paid on,	or about the 25th of ea	ach month.			
Property Address	Payee Name	Payee Address	Payee State	Payee Zip	Amount
I acknowledge that I am required to maintain a reserve in Birch Management's Trust Account in excess of the anticipated monthly disbursements. I further acknowledge that, if for any reason my available funds be insufficient to make the necessary payments, Birch Management has no obligation to make such payment.					
Upon execution of first payment req		return to Birch Managemo	ent at least 1	0 days pri	or to
Signa		Printed Name			ate
Signature		i illitea ivallie			~