



Owner Bill Payment Request

Name: _____

I request that J. Luis Properties, Inc, pay my monthly bills as listed below. I understand that bills are paid on, or about the 25th of each month and agree that this is acceptable.

I acknowledge that I am required to maintain a reserve in J. Luis Properties' Trust Account equal to 125% of the anticipated monthly disbursements. I further acknowledge that, if for any reason my available funds be insufficient to make the necessary payments, J. Luis Properties, Inc has no obligation to make such payments.

Property Address	Payee Name & Address	Amount

Agreed: _____, Owner

_____ Print Name

Date: _____

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