

Owner Authorization Form Assignment of Payee

Owner Information	Make Checks Payable To:
Name: _____	Name: _____
Address: _____ _____ _____	Address: _____ _____ _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-Mail: _____	E-Mail: _____
SNN or Tax ID matching name above: _____	SNN or Tax ID matching name above: _____
<p>The Internal Revenue Service requires that the taxpayer identification number (TIN) on your account with us match their records. When your TIN does not match our records, the law requires us to withhold 31 percent of payments that we make to you.</p>	
<p>I give authorization to the party(ies) listed below to act in my behalf in the capacities listed for the following properties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Owner's Signature: _____	Date: _____
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