



PRE-AUTHORIZED PAYMENT FORM

Tenant Name: _____ Tenant Number _____

Address: _____

Monthly Payment: \$ _____ Business Unit: _____ Unit Number: _____

Attach a blank cheque marked "VOID" or a pre-authorized payment form from the bank.

I/We authorize the housing authority and the designated financial institution to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time for payment of all charges arising under my/our lease. Regular monthly payments for the full amount will be withdrawn from my/our specified account on the first banking/business day of each month.

Financial Institution: _____

Branch Address: _____

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Bank Number

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Transit Number

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Account Number

Month to start withdrawals: _____

This authorization is to remain in effect until the housing authority has received written notification from me/us of its change or termination. The notification must be received 10 calendar days before the next scheduled payment.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

PRE-AUTHORIZED PAYMENT CANCELLATION FORM

Date: _____

I / We, _____,

Of _____ (address) cancel the

authorization to issue personal pre-authorized payments in the amount of \$ _____

against the former authorization on bank account number _____,

Effective on _____ (date).

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____