

Pre-Authorized Payment Plan Agreement

To be completed by the housing authority

Housing Authority Name: _____ Company Number: _____
Tenant 1 Name: _____
Tenant 2 Name: _____
Tenant Information: _____
_____ *Tenant number* _____ *Business Unit* _____ *Unit number*
Monthly Payment Amount: _____

To be completed by the tenant or trustee

- Attach a blank cheque marked "VOID" or a pre-authorized payment form from your bank.
- Provide this agreement to the housing authority by the 10th of the month to start pre-authorized payments in the following month.

I am a: _____ Tenant _____ Trustee _____
Tenant Name(s): _____
Address: _____
City/Town: _____ Postal Code: _____

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 Regular monthly payments for the full amount will be withdrawn from my/our specified account on the first banking/business day of each month.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: _____
Account Details: _____
_____ *Bank Number* _____ *Transit Number* _____ *Account Number*
Type of Account: _____ Personal _____ Business _____ 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 at least 10 calendar days before the next scheduled payment.

Authorized Signature: _____ Date: _____
Authorized Signature: _____ Date: _____