

Pre-Authorized Payment Agreement Form

Mailing Address:

Niagara Regional Housing
1815 Sir Isaac Brock Way P.O. Box 344
Thorold, ON L2V 4T7
niagararegion.ca
905-682-9201 Toll free: 1-877-263-7215

Fax: 905-687-4844
Email: info@nrh.ca

Please complete and return this form.

Please do not fill out this form if you are not changing anything.

A void cheque or a bank account information form must be included with submission of this completed form.

Tenant Contact Information

First Name: _____ Last Name: _____

Rental Address: _____ City/Town: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

Tenant Account Number: _____

Authorization

I/We authorize the financial institution set out on the attached documentation to withdraw funds from the account indicated and remit to Niagara Regional Housing for the payment of the monthly rent payable in accordance with the Tenancy Agreement to the Rental Premises at the address listed above, including any amount that may be owing under a re-payment agreement (if any), and including arrears and NSF charges (if any), for the tenant(s) named above. I/We acknowledge that the amount(s) may vary from month to month.

I/We are aware that the funds will be withdrawn from the attached account on the 1st day each month, beginning on date (mm/dd/yyyy): _____. I/We agree the monies payable under the Tenancy Agreement (and Re-payment Agreement, if any) will be deducted on the specified date and waive the ten day pre-notification of the amount of each deduction.

I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement.

I/We acknowledge this agreement is governed by the provisions of the Freedom of Information and Protection of Privacy Act (FOIPPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). I/We consent to gathering and use of my/our personal information for the purposes contemplated by this agreement and in accordance with the FOIPPA and MFIPPA.

The authority granted by this agreement shall remain in effect until Niagara Regional Housing receives written notification to change or terminate this agreement.

Signature of Tenant: _____ Date (mm/dd/yyyy): _____
(authorized bank account holder)

Signature of Tenant: _____ Date (mm/dd/yyyy): _____

Note: if bank account is joint, all bank account holders are required to sign this form.

Office Use Only

Date (mm/dd/yyyy): _____ Completed by: _____