



# PRE-AUTHORIZED PAYMENT (PAP) RENT PAYMENT AGREEMENT

Private and Confidential

## SECTION 1 - TENANT/CLIENT INFORMATION

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

City. \_\_\_\_\_

Prov. \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

## SECTION 2 - PRE-AUTHORIZED PAYMENT PLAN

Payment Withdrawal Date \_\_\_\_\_

First of each month

## SECTION 3 - BANKING INFORMATION

Please attach a blank cheque (marked VOID) or a direct deposit information print-out from your financial institution.

Financial Institution(Bank): \_\_\_\_\_

Bank Transit # \_\_\_\_\_

Institution # \_\_\_\_\_

Account # \_\_\_\_\_

(5 digits)

(3 digits)

(1-12 digits)

## SECTION 4 - CERTIFICATION

I/we authorize my/our Banking Institution to withdraw rent payment from our account and deposit to CIRCLE COMMUNITY LANDTRUST CCLT). For a joint account, if more than one signature is required on cheques, all persons must sign this form.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*All fields on this form must be completed*

Please return this form with a voided cheques or Bank information to : [ar@circlelandtrust.ca](mailto:ar@circlelandtrust.ca)

*Circle Community Land Trust, Account Receivable Department  
359 Eastern Ave. Suite #100, Toronto Ontario, M4M 1B7 Canada*

**Sample void cheque and direct deposit slip, indicating where to find appropriate numbers:**

YOUR NAME 123 ANY STREET YOUR TOWN, PROVINCE M4P 1V5	001 DATE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D										
Y	Y	Y	Y	M	M	D	D										
PAY TO THE ORDER OF _____	\$ <span style="border: 1px dashed black; padding: 5px 20px;"> </span> 100 DOLLARS																
YOUR FINANCIAL INSTITUTION 456 MAIN STREET YOUR TOWN, PROVINCE I1L 1L1																	
MEMO _____																	
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Cheque #	Transit # Institution #	Account #															

Your Bank      \*SAMPLE\*

**New Direct Deposit/Pre-authorized Transactions**

Customer name: \_\_\_\_\_

Account No. \_\_\_\_\_

**This form is used for new direct deposits/pre-authorized transactions only. Please take this form to your billing/deposit company.**

**Billing/deposit company information:**

Company name \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**Please accept this document as my authorization to set up new direct deposit/pre-authorized transactions for the following:**  
(one form for each change)

**1. Pre-authorized payment**  
 Please indicate which apply:

<input type="checkbox"/> Insurance	<input type="checkbox"/> Mortgage payment	Policy/account # _____
<input type="checkbox"/> Utility	<input type="checkbox"/> Lease	Payment frequency (monthly, weekly, daily) _____
<input type="checkbox"/> Membership	<input type="checkbox"/> Other	Payment amount _____
<input type="checkbox"/> Loan payment		Next payment date (dd/mm/yyyy) _____

**2. Direct deposits**  
 Please indicate which apply:

<input type="checkbox"/> RIF/LIF/LRIF	<input type="checkbox"/> Annuity
<input type="checkbox"/> Benefit/Pension	<input type="checkbox"/> Other

**3. Payroll deposit**

All authorized signatures required

\_\_\_\_\_  
 Customer or Signing Officer signature(s)      Date (dd/mm/yyyy)

\_\_\_\_\_  
 Customer or Signing Officer signature(s)      Date (dd/mm/yyyy)

Note: To set up Government Direct Deposits, please complete the appropriate Government of Canada forms. The branch can provide you with a 'Direct Deposit Enrolment Request' form (#520745) or you can refer to the Canada Customs and Revenue Agency website (www.ccrn-adrc.gc.ca).

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