



**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

*Circle Community Land Trust, Account Receivable Department
365 Bloor Street East, Suite 1902, Toronto Ontario, M4W 3L4, Canada*

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

001

YOUR NAME
123 ANY STREET
YOUR TOWN, PROVINCE M4P 1V5

DATE

Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

YOUR FINANCIAL INSTITUTION
456 MAIN STREET
YOUR TOWN, PROVINCE I1L 1L1

MEMO _____

⑈ 00 1 ⑈
 ⑆ 1 2 3 4 5 ⑆ 6 7 8 ⑆
 1 2 3 ⑆ 4 5 6 ⑆ 7 ⑈
Cheque # Transit # Institution # Account #

Your Bank *SAMPLE*

New Direct Deposit/Pre-authorized Transactions

Customer name: _____

Account No. _____ Branch No. _____ Inst. No. _____ 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)

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

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