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 Regular monthly payments for the full amount will be withdrawn from my/our specified account on the first banking/business day of each month.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: _____

Clear form Print form

Saskatchewan Housing Corporation