



PRE-AUTHORIZED PAYMENT PLAN

CUSTOMER INFORMATION:

First Name _____ Last Name _____

Address: _____ Unit: _____ City: _____ Postal Code: _____

Telephone Number: _____

BANKING INFORMATION:

Name of Financial Institution: _____

Branch Address: _____ City: _____ Province: _____

Branch Number: _____ Transit Number: _____ Account Number: _____

RENT CALCULATION:

Monthly Rent:	\$ _____
Parking or Other Charges:	\$ _____
Total:	\$ _____

In this authorization "I", "me", "my" and "our" refer each account holder who signs below.

I agree to participate in this pre-authorized payment plan and I authorize Kitchener Housing Inc. to debit the above indicated account of the first banking day of each month beginning_____.

I may revoke this authorization at any time by delivering a written notice of revocation to Kitchener Housing Inc. fifteen (15) days prior to the next due date.

I will inform Kitchener Housing Inc. in writing of any change in my banking information fifteen (15) days prior to the next due date.

I understand that should Kitchener Housing Inc.'s financial institution return my cheque for any reason I may be subject to banking service charges.

In the event that the amount of this PAP changes, Kitchener Housing Inc. will send you a written notice identifying the new amount at least 10 days before the first PAP for that amount. If you chose to waive the right to receive pre-notification of the amount of the PAP and agree that you do not require advance notice of the amount of the PAP before the debit is processed, please sign your consent to waive this right as follows: I,(we), _____, waive my,(our) right to pre-notification of a change to the PAP amount.

I understand and agree to the foregoing terms and conditions.

Signature of Account Holder: _____ Date: _____

Signature of Joint Account Holder (if Needed) _____ Date: _____

Authorized By: _____ Date: _____
Kitchener Housing Inc. Representative