



Niagara Regional Housing

Direct Debit Authorization Form

PLEASE DO NOT FILL OUT THIS FORM IF YOU ARE NOT CHANGING ANYTHING.

Tenant Information

Tenant Name(s): _____

Address: _____

_____ (the "Rental Premises")

Telephone No. and Email _____

Banking Information - VOID CHEQUE or LETTER FROM BANK MUST BE ATTACHED

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 ("NRH") for the payment of the monthly rent payable in accordance with the Tenancy Agreement for 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I/We are aware that the funds will be withdrawn from the attached account on the 1st day each month, **beginning on** _____. 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 the gathering and use of my/our personal information for the purposes contemplated by this agreement and in accordance with FOIPPA and MFIPPA.

The authority granted by this agreement shall remain in effect until NRH receives written notification delivered to Niagara Regional Housing, 1815 Sir Isaac Brock Way, P. O. Box 344, Thorold, Ontario L2V 3Z3 to change or terminate this agreement.

Signature of Tenant (authorized bank account holder)

Date:

Signature of Tenant (authorized bank account holder)

Date:

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

For NRH Accounts Receivable Department Use Only:

Tenant Account Number: _____

Date: _____

Completed by: _____