

**Pre-Authorized Payment Plan Authorization – Monthly Rent
GEORGIAN GREEN STUDENT RESIDENCE**

OFFICE USE ONLY: Building _____ Bell Farm Road, Suite# _____ Room#: _____, Barrie, Ontario, L4M 5K5.

RE: TENANT NAME (print): _____

ACCOUNT HOLDER(S) NAME: _____

ACCOUNT HOLDER(S) ADDRESS: _____

TO: *GEORGIAN GREEN STUDENT RESIDENCE*

AND TO: **Account Holder(s) Financial Institution or Bank or Trust Company (the "Bank")**

Name of Financial Institution: _____

Branch Address: _____

City, Province _____

Branch Transit No: _____ Institution No: _____ Account No: _____

****Please include a cheque marked "VOID" or encoded bank slip or authorization form from the bank with the following printed: 1) branch transit number 2) institution number 3) account number 4) account holder(s) name.***

1) A debit in the amount of **\$815.00** or **\$625.00** or **\$595.00** or \$_____ may be drawn on the account, on the **1st day of each month** beginning the month of (indicate one) **February**; **June**; **October**; or **Other** (specify) _____, **20_____.**

2) THE UNDERSIGNED TENANT or ACCOUNT HOLDER(S) AUTHORIZE the PAYEE or the Payee's Agent on their behalf to debit the above account at the above indicated branch of the Bank, in payment of the monthly rental charge as may be approved by the PAYEE from time to time and attributed to the undersigned Tenant located at the following address while residing at the residence.

3) It is acknowledged and agreed by the undersigned that if there are insufficient funds on deposit in the account at the time that the debit is made by or on behalf of the PAYEE, the insufficiency shall be deemed by the PAYEE to be non-payment of the rent charges for the particular month. In addition, the undersigned acknowledges and agrees that if any service fees or charges are incurred because there are insufficient funds on deposit or incorrect account information, such fees or charges shall be paid by the undersigned to the PAYEE.

4) The Bank is not required to verify that any debits drawn by or on behalf of the PAYEE are in accordance with this Authorization or the agreement made between the undersigned and the PAYEE.

5) It is acknowledged that in order to cancel this Authorization the undersigned must provide no less than **14 days prior written notice** to the PAYEE in care of the Payee's Agent at: **GEORGIAN GREEN STUDENT RESIDENCE – PROPERTY MANAGEMENT OFFICE, 140 BELL FARM ROAD, BARRIE, ONTARIO, L4M 5K5.** This authorization may be cancelled at any time and cancellation will be effective 14 days after such written notice of cancellation is actually received by the Payee's Agent or upon applying and/or refunding the prepaid deposit of last month's rent.

6) The right is acknowledged by the undersigned, to full reimbursement of a pre-authorized debit made to the account by the Bank, if the right is exercised within 90 days after the item in dispute is posted to the account and any of the following conditions apply: (a) the PAYEE was never provided with an Authorization, (b) the debit was not drawn in accordance with Authorization that was provided to the PAYEE, (c) the Authorization that was provided to the PAYEE was revoked in writing, or (d) the debit was posted to the wrong account due to incorrect account information.

7) It is acknowledged by the undersigned that delivery of this Authorization to the PAYEE constitutes delivery by the undersigned to the Bank. It is warranted by the undersigned that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledged by the undersigned of a signed copy of this Authorization.

8) The undersigned will notify the PAYEE (in care of the Payee's Agent at the address set out above) promptly in writing if there is any change in the above account information or if this Authorization is to be terminated.

Date **Account Holder signature:** _____

Account Holder Name (print): _____

NOTE:

If more than one signature is required on a cheque issued against the account, the additional signing authority is to be added below.

Date **2nd Account holder(s) Signature:** _____

2nd Account holder(s) Name (print): _____