

## **ONGOING DIRECT ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

NAME:	TENANT #:	
Address:		

## **REQUIRED:**

For the account that you want payments to be withdrawn from, please attach <u>one</u> of the following:

- A personal cheque with "VOID" written across it;
- A printed void cheque from your online banking website; or,
- A printed void cheque from your local branch.

## **AUTHORIZATION:**

l,,	hereby	authorize	Nipissing	District
Housing Corporation to utilize direct electronic funds tran	nsfer to a	obtain payn	nent for re	ecurring
monthly rent and parking charges from my account number				as
shown on the attached document, starting on the date				

If at any time I am unable to afford these payments I will notify the housing corporation as soon as possible in person, or by phone, in order to make arrangements to delay the payments. Failure to do so constitutes my acceptance of the payments being withdrawn from my account.

This authorization form hereby nullifies and replaces any other existing Ongoing Direct Electronic Funds Transfer Authorizations associated with my name.

ACCOUNT HOLDER'S SIGNATURE

All information collected in this document will be kept confidential as per the **Freedom of Information and Protection of Privacy Act (FIPPA)**, and the **Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)**.

Subsidiary of: / Filiale de :

District of Nipissing Social Services Administration Board

DATE