



PRE-AUTHORIZED PAYMENT PLAN AGREEMENT

To be completed by the housing authority:

Housing Authority Name: The Battlefords Housing Authority Company Number: _____

Housing Authority Address: #102 - 1191 99th Street

North Battleford, SK

S9A 3V8

Tenant 1 Name: _____ Tenant Number: _____

Tenant 2 Name: _____

Monthly Payment: \$ _____ Business Unit: _____ Unit Number: _____

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.

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 Regular monthly payments for the full amount will be withdrawn from my/our specified account on the first banking/business day of each month.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

--	--	--	--

Bank Number

--	--	--	--	--

Transit Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Type of Banking Service: 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: _____

Mail to: #102 - 1191 99th St., Nort Battleford, SK S9A 3V8
Email: finance.battlefords@housingauthoritiesk.com
Phone: 306-446-1264