

**PRE-AUTHORIZATION PAYMENT PLAN**

Rental Payment  
(Electronic Fund Transfer Form)



**Larlyn**  
PROPERTY MANAGEMENT LTD.  
PARTNERS IN MANAGEMENT SOLUTIONS

**Property Name:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

Please complete in full and return this form to Larlyn Property Management Ltd. It is essential that you attach a VOID cheque, or equivalent bank document from your bank account to ensure the accuracy of the institution, transit and bank account numbers. (Please print or type.)

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<b>First Name:</b>	<b>Initials:</b>	<b>Last Name:</b>
<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss			
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<b>First Name:</b>	<b>Initials:</b>	<b>Last Name:</b>
<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss			
<b>Complete Mailing Address:</b>				
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>
<b>Telephone No:</b>		<b>Alternative Phone No:</b>		

I/We hereby authorize Larlyn Property Management on behalf of the Property to debit my/our account for the amount of my/our monthly rental fees said rent as of \_\_\_\_\_, 20\_\_\_\_\_, currently amounting to \$\_\_\_\_\_ per month, or as increased by proper notice. No single monthly draw against my/our account may exceed this amount without my/our prior consent. Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the Property to debit the amount specified from my/our account. This authorization shall remain in effect until cancelled by me/us in writing. I/We further understand that any payments not honoured by my/our bank may be assessed processing fees of \$35.00. Payments are due on the first day of the month, however, 2-5 days should be allowed for processing by the bank.

I/We direct that payments be taken from the account as detailed on the attached voided cheque or equivalent bank document:

**NOTE: To ensure accuracy, PLEASE attach a SAMPLE CHEQUE marked "VOID"**



Forms must be submitted no later than the 25<sup>th</sup> day of the preceding month. (For example, if you would like payments to start on February 1<sup>st</sup>, your form would have to be received in our office by January 25<sup>th</sup>).

*Date:* \_\_\_\_\_

<i>Print Name:</i> _____	<i>Signature as you sign your cheque:</i> _____
<i>Print Name:</i> _____	<i>Signature as you sign your cheque:</i> _____

*Please note that for joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.*

**Trusted Performance Since 1975**