

Authorization of Monthly Rent Payments

Tenant Name: \_\_\_\_\_

Address of Rental: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_  
(The name of the person whose bank account the rental payment will be withdrawn from.)

Name of Bank: \_\_\_\_\_ Monthly Rental Payment: \$\_\_\_\_\_

You must **INCLUDE and ATTACHED** one of the following when submitting this form:

A **void cheque** 

or

A form **from your bank** which displays the **bank account, transit and institution numbers**



**Authorization of the Account Holder**

I, \_\_\_\_\_ (print name of Account Holder), do hereby authorize GP Property Management Inc. (herein after "GP Inc.") to withdrawal monthly rental payments from my banking institution. I agree that one monthly rental payment (as indicated above) will be taken from my account on (or around) the 1st day of each month during the tenancy of the "Tenant" (as indicated above). If a last month's rent is currently held as a deposit, a payment will not be taken out during the last month of the tenancy.

I also agree that the monthly rental payments will continue in perpetuity unless the tenancy ends or written notice is given to GP Inc. not less than 14 days prior to a regularly scheduled payment.

I further agree and understand that in the event that a rental payment is not cleared by my bank, GP Inc. will attempt to withdraw the monthly rental payment again on (or about) the 7<sup>th</sup> day of the month with any additional returned payment fee (as outlined in the Tenant's lease agreement) unless otherwise instructed by myself in writing within 24 hours of the returned payment being received by GP Inc.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

Please remit this form and the attached document by one of the following methods:  
**Email:** info@gpkingston.com **Fax:** 613 507 RENT (7368) **Mail:** 11 Harriet Av, Kingston, ON K7L 4V1  
 If sending by email you can scan or take pictures of the documents providing they are legible.