



Property No: \_\_\_\_\_ Unit # or NTP: \_\_\_\_\_ Tenant ID: \_\_\_\_\_

*Note: These fields will be completed by CCOC Finance*

**PRE-AUTHORIZED PAYMENT PLAN (PAP) AGREEMENT**

The undersigned authorize(s) **CENTRETOWN CITIZENS OTTAWA CORPORATION (CCOC)** to withdraw from my/our bank account the **monthly rent due** on the 1<sup>st</sup> business day of each month.

**TENANT INFORMATION**

Parking only lease? \_\_\_\_\_ If Yes, where? \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Apt \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work/Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

**PAP Start Date:** \_\_\_\_\_, *the date that you wish to begin the Pre-authorized payment plan (can be the 1<sup>st</sup> of any month). If this field is left blank, we will begin the 1<sup>st</sup> of the next month following receipt of this application.*

*If you have post-dated cheques held with CCOC and want them returned, please check this box:*

Please return my post-dated cheques

**BANKING INFORMATION**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*If the account is a joint account, everyone who would normally have to sign cheques must sign this application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please enclose a sample cheque marked "VOID" with this application.***