ARNSBY Property Management

Pre-Authorized Payment Plan (PAP) Authorization Form

Each payment shall be treated the same as if I/We had personally issued a written direction authorizing the Corporation to debit the amount specified to my/our account. This authorization shall remain in effect until cancelled in writing by me/us.

Account Holder Information

Corporate Name

Unit #

Owner's Name

Contact Person

Complete Mailing Address

Email Address

Telephone

Alternative Phone

Banking Authorization

I/We hereby authorize M.F. Arnsby Property Management to debit my/our account at:

Financial Institution

Branch Address

Transit #

Account #

Void Cheque / Bank Document Attached?

☐ Yes, a void cheque or bank document is attached

Signature

Print Name

Date

Signature (type full name to sign)

Note: For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account. Please ensure your application is received at our office by the 20th of the month so that next month's payment can be withdrawn on the 1st.

All information supplied to Arnsby Property Management is and will be accurate and complete in all material respects.

Submit Completed Form

Email this completed form to: **reception@arnsby.com**

Please include a copy of a voided cheque (or other bank document) with your emailed submission.

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