



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 1st business day of each month.

TENANT INFORMATION

Full Rent & Parking ____ / Half Rent & Parking ____ / Half Rent ____

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 1st of any month). If this field is left blank, we will begin the 1st 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.