## **START PRE-AUTHORIZED DEBIT**



## LANDLORD

## c/o MetCap Living Management Inc.

260 Richmond Street, East, Suite 300 Tel: (416) 340-1600 Email: e-revenue@metcap.com www.metcap.com

Name: (Payor)					
Building Address:					
Suite#:		Province:		Postal Code:	
Telephone#:		Curr	rent Monthly Rent: (In	cluding parking, if applicab	le)
2. Bank Accou	nt Informat	<b>ion</b> (Attach voi	d cheque or bank fo	rm)	
Deposit Account #:			Branch Transit #:		Financial Institution #:
Chequing Account	: Savings	s Account:			
Financial Institution N	ame:		Branch Addr	ess:	
Financial Institution N	ame:		Branch Addr	ess:	
Financial Institution N  3. Pre-Authoria	'	AD) Details	Branch Addr	ess:	
3. Pre-Authori:	zed Debit (P	-		,	and Contacts
3. Pre-Authoriz  You, the payor, authoriz business day of each m	zed Debit (P	ts agent to debit the	e bank account identified ord to adjust the amount v	above for your monthly rent withdrawn from your account	automatically to reflect lega
3. Pre-Authoriz  You, the payor, authoriz business day of each m increases/decreases as	zed Debit (P	ts agent to debit the authorize the landlo lord pursuant to wr	e bank account identified ord to adjust the amount v	above for your monthly rent withdrawn from your account d within the requirements of t	automatically to reflect lega
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