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## PRE-AUTHORIZED PAYMENT (PAP) AGREEMENT FOR TENANTS

The personal information requested on this form is collected for the purpose of processing your pre-authorized payment agreement. The financial information below will be used only for pre-authorized payment of rent by means of direct payment.

### Tenant Information:

Tenant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Building Name: \_\_\_\_\_

Unit# \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Financial Institution Information:

Bank/Financial Institution Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Transit # (5 digits): \_\_\_\_\_ Branch # (3 digits): \_\_\_\_\_

Chequing account (please attach VOID cheque)

Savings account (please attach Account Verification Form from Financial Institution)

Address: \_\_\_\_\_

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

### Payment Information:

Fixed Amount: \$ \_\_\_\_\_ Commencing: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Frequency:  Monthly  Bi-Weekly  Weekly

### Authorization:

Initiate

Change

Cancel

I, the undersigned hereby authorize KSAN HOUSE SOCIETY debit my bank account the amount provided above, until further notice.

This authorization is to remain in full force and effect until written notice is received of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_