

Signature as required on cheque

Automatic Payment Authorization /We hereby authorize to debit each month for payment of my rent.			
		My Name (s)	
		/ly Address	Postal Code
Bank or Financial Institution	Account No		
Branch Address	Postal Code		
	arges apply they will be applied in subsequent		
PLEASE ENCLOSE A S CHEQUE MAR	SPECIMEN OF YOUR		
PLEASE ENCLOSE A S	SPECIMEN OF YOUR		

Date