

Rental Application for Easy Payment Plan

Tenant Name:				
Address:				
City:		Province:	Alberta	
Postal Code:		Home Phone:		
Cell Phone:		Start Date:		(ASAP if blank)
I/we authorize Hometir my rental fees from on Bank Trai	e of the following acc	Ltd, and the financial institution counts:	n designated to begi	n deductions for payment of
Bank and Branch N	Name:			
Void Cheque At	tached	ue or other bank docume Bank Accou	nt Info Attached	
NOTE: In the event of	an authorized rent in	crease, the amount will be prop	ortionally changed r	elative to the new rent charge
Date:	S	Signature:		
For a joint acco	unt, all depositors	s must sign if more than or	ne signature is re	quired on the cheques.
authorized payment withdraw preauthorized payment with	wal. I/we may cancel this a drawal. The treatment of e my/our account. Service	writing of any change in the bank account authorization by notifying Hometime in weach payment shall be the same as if I/A charges will be applied on any dishono mailing address.	writing at least 21 days pr ve had personally issued	ior to the date of the next a cheque authorizing payment and to
2942 – 1	2 Avenue North, T1H	I 5J9, Lethbridge, Alberta Phon	e (403) 329-6111 Fa	ax (403) 327-3312

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