



75 Adelaide Street
Saint John, N.B., E2K 1W4
T: 632-9393 F: 632-1785

REHABITAT INC.

Dear Rehabitat resident,

It is our pleasure to introduce you to the Pre-authorized payment plan offered to all our residents for rental payment. Attached please find a copy of the Electronic Funds Transfer Pre-Authorization for your reference. ***This form must be completed and returned to Rehabitat Inc. before pre-authorized payment could be effective.***

If you would rather have your payment taken directly from your bank account rather than cheques, please fill out the form completely, sign and attach a "void cheque", copy and return it to our office.

Please note that we only accept one void cheque (one bank account) for each unit.
Please use Chequing or Savings Account.
Other Bank Account e.g. Line of Credit/Credit Card Account, will not be accepted

By signing and returning the Electronic Funds Transfer Pre-Authorization Form for rental payment of your unit, you acknowledge that:

1. Due Date of the pre-authorization debit will be **the first of each month.**
2. You must notify our office in writing of any changes in the account information or termination of this authorization **15 days prior** to the next due date of the pre-authorization debit and provide us with the rent cheque accordingly.
3. You agree to pay a \$40.00 administration charge on any payment rejected by your financial institution for any reason thereof.

If you have any questions, please contact Melissa Smith at 632-9393.

Thank you for the opportunity to improve our services.

ELECTRONIC FUNDS TRANSFER PRE-AUTHORIZATION

Please **complete all** sections, **sign and return** this form together with **a blank cheque marked "VOID"** to the Payee by mail, fax or hand delivered
Payee:
Rehabitat Inc.
75 Adelaide Street, Saint John, NB, E2K 1W4
Telephone: 632-9393 Fax: 632-1785

Information of Payor(s)

Payor(s) Name (Tenant): _____
Address of Rental Property: _____
Telephone: Home _____ Other _____
Email Address: _____

This form must be completed and returned to
Rehabitat Inc.
before pre-authorized payment can be effective
Please attach a copy of your "VOID" cheque

Terms and Conditions

I (We) authorize the payee to debit my (our) account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me (us) with the payee until such times as written notice to the contrary is given.

I (We) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with the Authorization.

I (We) may revoke this Authorization at any time by delivering a written notice of revocation to the Payee.

I (We) will notify the Payee in writing of any changes in the account information or termination of this authorization 15 days prior to the next due date of the pre-authorization debit.

I (We) authorize **Rehabitat Inc.** to process a debit, in paper, electronic or other form in the amount of \$ _____ on my (our) account on the first day of each and every month, beginning ____/____/____(day/month/year). ***This amount may be increased or decreased. Written notice will be given prior to debit changes.***

I (We) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions as detailed above.
I (We) warrant that all persons whose signature(s) are required to sign on this account have signed on this Electronic Funds Transfer Pre-Authorization.

Signature of Account Holder (Payor)

Date

Signature of Account Holder (Payor)

Date