DIRECT PAYMENT SERVICE
ENROLLMENT AUTHORIZATION
COMMERCIAL RENTAL

Please fill in and return this form to Hugh & McKinnon Realty Ltd. with **one of your cheques marked VOID (for verification purposes).**

NAME(S): (I/WE) _____

UNIT # _____ PHONE: _____ AT _____

AUTHORIZE
HUGH & McKINNON REALTY LTD.
14007 – 16TH AVENUE, WHITE ROCK, BC V4A 1P9
TEL: 604 531-1909 FAX: 604 541-8417

TO DEBIT MY/OUR ACCOUNT for the purpose of: MONTHLY RENT & CAM COSTS

NAME OF DEPOSITORY: _____

BRANCH ADDRESS: _____

Depository Branch Transit Number	Depository Institution Number	Account Number to be charged

☐ Chequing Account
☐ Savings Account
☐ Other Account

IN THE FIXED AMOUNT OF $ _____, payable on the first day of each month beginning _____ (date). This amount may be revised at any time to reflect changes in rent & common area maintenance costs provided that written notice of the revision is given.

I/We have read and understood the terms of this authorization.

Signature _____ Date _____

Signature _____ Date _____

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.
H:Staff/Val/Direct Payment Service