

Direct Deposit Authorization

I/We _____ of _____

(Print Name)

(Address including Postal Code)

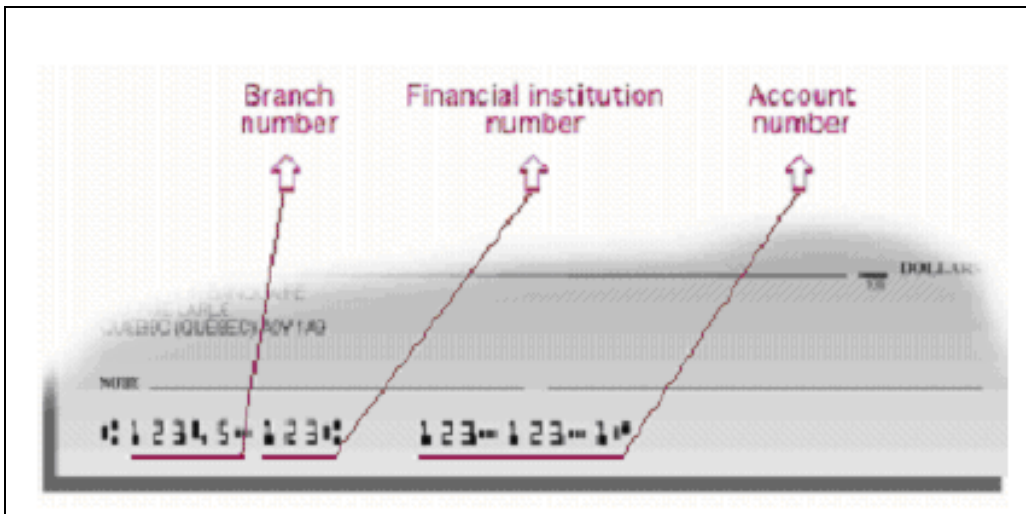
authorize Calgary Housing to deposit the Private Landlord Rent Supplement payments into the following bank account commencing _____, 20__

(date authorization is signed)

To ensure accuracy of your account information please attach a voided cheque and complete the following financial information:

Name of Financial Institution

Branch Number: _____ Bank Number: _____ Account Number: _____



Signature: _____ SIN _____ Date: _____

(Social Insurance Number)

Signature: _____ SIN _____ Date: _____

(Social Insurance Number)

NOTICE -

This communication is intended **ONLY** for the use of the person or entity named above and may contain information that is confidential or legally privileged. If you are not the intended recipient named above or a person responsible for delivering messages or communications to the intended recipient, **YOU ARE HEREBY NOTIFIED** that any use, distribution, or copying of this communication or any of the information contained in it is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and then destroy or delete this communication, or return it to us by mail if requested by us. Calgary Housing thanks you for your attention and co-operation.