

Number of tenant _____

Direct withdrawal application form

Account holder(s)		
Surname and first name of holder(s)		
Address		
City, province		Postal code
Financial institution		Recipient organization
Name of the financial institution		Name of the organization Société d'habitation et de développement de Montréal
Institution number	Transit number	Phone number 514 380-7436
Address		Address 800, boul. De Maisonneuve Est, bureau 2200
City, province	Postal code	City, province Montréal, Québec Postal code H2L 4L8
Withdrawal authorization		
I, the undersigned, authorize the recipient organization to withdraw from my account number _____, at the financial institution above with the following regularity:		
<input type="checkbox"/> Monthly, the 1 st day of each month, for the monthly rental of an apartment.		
<input type="checkbox"/> Each withdrawal will correspond to a fixed amount of: \$ _____, which could be increased without further authorization on my part, as long as the recipient organization notifies me in writing within the legal delays.		
Moreover, I retain the right to revoke my authorization at any time by informing the recipient organization in writing. I release the financial institution of any responsibility should the revocation not be honoured, unless it is due to gross negligence on its part.		
I will inform the recipient organization in writing within a reasonable time of any changes in the present dispositions.		
I agree that the financial institution where I have my account is not obligated to verify that the payment was deducted in accordance with my authorization.		
I recognize that surrendering the present authorization to the recipient organization is equivalent to giving it to the financial institution indicated above.		
Reimbursement		Agreement on the transfer of information
The financial institution will reimburse me, in the name of the organization, the amount withdrawn by mistake in the 90 days following the withdrawal in the case a private holder and within 10 days of the withdrawal for a business holder insofar as reimbursement is requested for one of the following reasons:		I agree that the information contained in my request for approval to direct withdrawal be made available to the financial institution to the extent that this information is directly related and necessary to the implementation of the rules applicable to preapproved withdrawals.
a) the withdrawal was not carried out as per my authorization; b) my authorization was revoked; c) I have not received a 10 days notice prior to the date of withdrawal.		Signature of the holder(s)
I understand that I will need to make a written declaration for reimbursement to the financial institution on a form furnished by them.		Signature of the account holder _____ Date _____
Finally, I recognize that a request for reimbursement deposited after the time limit indicated above should be settled between the organization and me, without responsibility or commitment on the part of the financial institution.		Signature of the second holder _____ Date _____ (if a joint account for which two signatures are required)
IMPORTANT: Enclose a personal check marked « Canceled » to avoid any error of transcription. Please advise the organization of any change in your account or financial institution.		