



Personally Approved Payment Plan

I hereby authorize the Greater Sudbury Housing Corporation and the financial institution designated to begin deductions for my Personally Approved Payment Plan.

Effective: Month: _____ Year: _____

Tenant Account Number:

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Tenant Name: _____

Address: _____

City: _____ Prov: _____ Phone: _____

**Attach VOID Cheque
OR
Bank Information Print Out
from Financial Institution**

This authorization is to remain in effect until the Greater Sudbury Housing Corporation has received written notification from me/us of its termination, thus allowing the Greater Sudbury Housing Corporation or the financial institution time to act on it, or until the Greater Sudbury Housing Corporation sent me/us written notice of termination of this plan.

Date: _____ Authorized Signature(s): _____

* Please Note: Two signatures are required for joint accounts

For Office Use Only

<input type="checkbox"/>	Card Done	
<input type="checkbox"/>	P.D. Cheques	
<input type="checkbox"/>	Rent Amount	\$ _____
<input type="checkbox"/>	Yardi Key Entry	\$ _____
<input type="checkbox"/>	PAPS Key Entry	
<input type="checkbox"/>	Add *	