

Authorization to Direct Credit Account

New _____

Updated _____

1. Please **complete all** sections in order to instruct your financial institution to make payments directly to your account.
2. Please **sign** this document.
3. If our office does not receive the complete banking information, you will receive payments conventionally through the mail. An administration charge of **\$25.00** will be applied for each cheque issued.
4. We accept the change of account with **15 business days** advance notice to be effective for the next month's rental payment

Please return this completed form together with a **blank cheque marked "VOID"** to the PAYOR by mail or email: info@delrentals.com

Payor Information: **DEL CONDOMINIUM RENTALS INC.**
 4800 Dufferin Street
 Toronto, ON M3H5S9
Telephone: 416-296-7368

Information of Property Managed by DCRI

Owner's Name: _____
 Telephone: (____) _____ Facsimil (____) _____
 Address of Rental Property: _____

Signature of Owner(s): _____

Payee Information (if different than Management Agreement)

Payee's Name(s) _____
 Address of Payee: _____
 Telephone: (____) _____ Facsimile: (____) _____
 Signature of Payee: _____

Please affix a copy of your void cheque here

* If funds are to be deposited to a non-chequing account please have your bank branch complete a "Direct Deposit Authorization" form and then forward it to our offices at the address noted above

Internal Office Use:

Division Number: _____

Internal Office Use:

____ Updated in Newstar ____/____/____
 ____ Updated in Direct Line ____/____/____