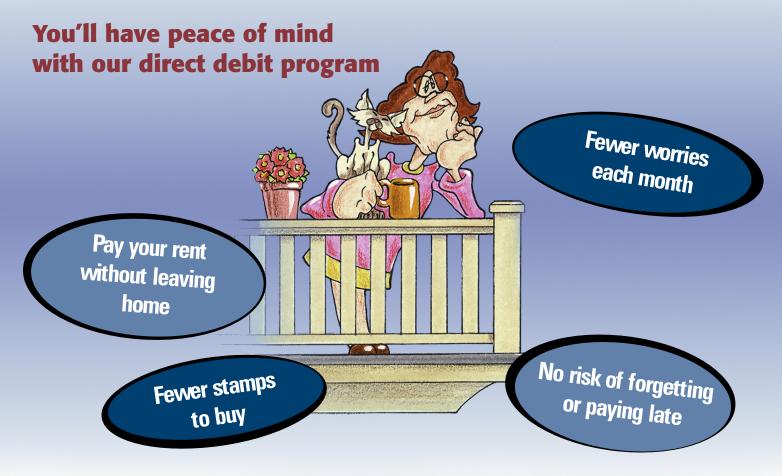


# Finally a Fast, Easy Way to Pay Monthly Rent

With your consent, we can directly debit your bank account monthly to cover your rent.



# To sign up for direct debit, simply:

Fill in and sign the form on the back.

Attach an unsigned, voided cheque with your tenant file number written on the back.

Mail to the Office municipal d'habitation de Montréal (OMHM).

You will receive written confirmation of your registration in the program. If you have already sent us post-dated cheques, they will be returned to you once you register.

# Want to cancel? No problem!

You or the OMHM can terminate the agreement at any time, through a written or verbal notice.

Once the agreement is cancelled, you must pay all overdue rent amounts. You also remain responsible for any present or future sums owing.

# **ACCOUNT HOLDER**

First and last names of account holder(s)				
Street		City		
Postal code	Tel.	OMHM file num	ber	
FINANCIAL IN	STITUTION			
Name of finan	icial institution			
Street		City		
Postal code	Institution number	Branch number	Account number	

# RECIPIENT ORGANIZATION

Office municipal d'habitation de Montréal Bureau 202 415, rue Saint-Antoine Ouest Montréal (Québec) H2Z 1H8

# WITHDRAWAL AUTHORIZATION

- I, the undersigned, hereby authorize the Office municipal d'habitation de Montréal (OMHM) and the designated financial institution to make monthly withdrawals from my account, in keeping with the terms specified in my lease.
- Each withdrawal will be made to cover the rent amount payable to the Office municipal d'habitation de Montréal. The OMHM will obtain my authorization for any other one-time or sporadic debit.
- I have the right to revoke my consent at any time by notifying the OMHM, by phone or by mail, at least 10 days before the date of the pre-authorized withdrawal. To obtain a sample cancellation form or for further information on my right to cancel a withdrawal aggreement or on my rights and recourses, I can contact my financial institution or go to www.cdnpay.ca.
- I release the financial institution from any liability should my revocation not be respected, unless the institution has been grossly negligent.
- I will inform the recipient organization of any changes to this agreement within a minimum period of 10 days before the date of the pre-authorized withdrawal. Should I change accounts or financial institutions, I will notify the recipient organization, which will then be authorized to debit my new account at the present financial institution or another.
- I agree that the financial institution where I have my account will not be required to check whether my account has been debited in accordance with this authorization.
- I understand that submitting this authorization form to the recipient organization is equivalent to submitting it to the financial institution named above.
- I agree that default of payment may result in the termination of this withdrawal authorization.
- I WAIVE THE RIGHT TO RECEIVE A NOTICE OF ANY CHANGES MADE TO THE MONTHLY AMOUNT THAT WILL BE DEBITED.
- Type of pre-authorized direct debits: Personal at set intervals

# TERMS OF REIMBURSEMENT

On behalf of the organization, the financial institution will reimburse me for any sums debited by mistake, within 90 days of this debit, for any of the following reasons:

- I never gave the organization written authorization.
- The debit was not made in accordance with my authorization.
- I revoked my consent.
- The wrong account was debited due to an error made by the organization.

I understand that I will have to make a written statement in this regard to my financial institution on a form provided for this purpose.

Amount of first withdrawal: \$		• First withdrawal to be made on:	
BY		BY	
Signature of account holder		Signature of second account holder*	
* For joint accounts requiring	two signatures.		
On the	day of	. 20	

### **Additional Details**

- The information on your authorization form must be accurate, and you must notify the OMHM of any changes. Also, if you make any changes to your banking information, call your sector office promptly.
- You must ensure that there are sufficient funds in your bank account to cover the direct debits made on the first of each month.
- Authorized withdrawals are made only from Canadian financial institutions and in Canadian funds.
- For further details on the direct debit program, call your rental agent.

# **List of Sector Offices**

# **Northwest Sector**

255, boul. Crémazie Est, bur. 150 Montréal (Québec) H2M 1L5

# **Southwest Sector**

2247, rue Delisle Bureau 300 Montréal (Québec) H3J 1K4

### **East Sector**

3330, boul. de l'Assomption Montréal (Québec) H1N 3S4

For more details, call 514 872-OMHM (6646)

357-2 (April 2019)