

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize **Proline Management Ltd.** to initiate automatic deposits to my account at the financial institution named below. Further, I agree not to hold **Proline Management Ltd.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Proline Management Ltd.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Establish new direct deposit
 Change an existing account(s)
 Cancel

(check one box only)

Identification

Rental Property Address: _____

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Contact Number(s): _____

Financial Institution Information

Name of Bank:

ATTACH A PERSONALIZED VOID CHEQUE HERE

**If your account does not provide cheques, please attach a
Preauthorized Transaction Form from your bank.**

Certification

I/We, as the person/s entitled to receive the payment, authorize Proline Management Ltd. to deposit the payment to the account indicated above.

Signature(s): _____

Date: _____

PROLINE MANAGEMENT LTD.