



Hastings County  
 Community and Human Services, Housing Services  
 228 Church Street, Belleville ON K8N 5E2

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[inquiry@hastingscounty.com](mailto:inquiry@hastingscounty.com)  
[www.hastingscounty.com](http://www.hastingscounty.com)

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFERS**

Tenant Name - Printed:

Street Address & Apt # - Printed:

City & Postal Code - Printed:

The County of Hastings Housing Services Office is hereby authorized to electronically transfer funds, as per my lease agreement, from my financial institution designated below for the following reasons until cancelled by me in writing with 30 days notice:

Regular Monthly Charges

Rent Charge: YES / NO

Parking Charge: YES / NO

Office Use Only	
Starting Date: (mm/dd/yyyy) ___/___/___	_____
Rent \$	_____
Parking \$	_____
Approved by:	_____
Flagged in Yardi by:	_____
Date: (mm/dd/yyyy) ___/___/___	_____

\_\_\_\_\_  
 Tenant or Power of Attorney (printed)

\_\_\_\_\_  
 Tenant or Power of Attorney Signature

\_\_\_\_\_  
 Date Signed

Please attach cheque marked "VOID" or have your bank/financial institution complete the following section:

**TO BE COMPLETED BY BANK/FINANCIAL INSTITUTION IF "VOID" CHEQUE NOT ATTACHED**

Bank or Financial Institution:

Branch Address and Phone Number:

Financial Institution Number (3 Digits):

Transit Number (5 Digits):

Account Number:

Please Stamp  
Here

**IMPORTANT: THIS FORM MUST BE SUBMITTED TO HOUSING SERVICES 30 DAYS PRIOR TO THE DATE YOU WOULD LIKE THIS SERVICE TO BEGIN!**