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403-894-7085 Brandi
403-635-0754 Wendy
info@alliancerental.ca



Tenant Direct Debit Authorization Form

Tenant Legal Name: _____

PO Box / Street Number: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Position: _____

Telephone Number: _____ Fax Number: _____

If you like to receive a receipt, please fill in the information below:

A/R Contact Name: _____

E-Mail Address: _____

Phone Number: _____

Financial Institution Information

A **VOID CHEQUE** or **LETTER OF CONFIRMATION** from your financial institution **must be included** with this form.

Financial Institution Name: _____

Bank Address: _____

City: _____ Province: _____ Postal Code: _____

Institution Number (3-4 Digits) _____ Branch Number (5 Digits) _____

Account Number (up to 12 Digits) _____

Please note that it is the responsibility of the vendor to advise Alliance Rental Management of any changes to the information above.

Authorized Name – Printed

Authorized Signature

Title

Date

Submit this form and along with your void cheque or confirmation letter to:

info@alliancerental.ca

By providing the aforementioned information, you hereby consent to Alliance Rental Management's collection, utilization, retention, and disclosure of said information for the purpose of facilitating direct withdrawals from your bank account. You further authorize the disclosure of such details to your bank for the stated purpose. Alliance Rental Management retains the right to preserve this information for the duration necessary to fulfill these objectives.