



Hamilton Housing Help Centre
Electronic Fund Transfer (EFT)

LANDLORD INFORMATION

Landlord Name: _____

Address: _____
Street Address

City Province Postal Code

Phone #: _____ Fax #: _____

Web Address: _____ HST #: _____

REMITTANCE INFORMATION

Primary Contact Name: _____ Title: _____

Email Address: _____

Secondary Contact Name: _____ Title: _____

Email Address : _____

BANKING INFORMATION

Bank Name: _____

Bank Address: _____
Street Address

City Province Postal Code

Bank Account: _____
Bank # (3 digits) Transit # (5 digits) Account #

Authorized By: _____
Print Name Signature Date

PLEASE ATTACH COPY OF VOID CHEQUE TO PROCESS REQUEST

Please return form and void cheque to the following address:

Mailing Address: Hamilton Housing Help Centre
119 Main Street E
Hamilton, ON L8N 3Z3

OR

Fax to: 905-546-0216