

North 44 Property Management Inc.
7800 Kennedy Road, Unit
404 Markham, ON L3R 2C7

BANKING INFORMATION REQUEST FORM

ATTENTION CUSTOMER SERVICE

Date: _____
Banking Institution: _____ Location: _____
Bank Account #: _____
Telephone #: _____ Fax #: _____

TO WHOM IT MAY CONCERN:

We are requesting banking information for the following person, who is a client of your Bank. Your client has signed a consent form, as part of a Rental Application, authorizing the release of the following information:

Name of bank client: _____

How long has he/she been a client at your Bank? _____ yrs _____ mos
Is the account operating in a satisfactory or better manner: yes _____ no _____
Has there been any NSF activity in the past 12 months? Yes _____ no _____
If yes, how many times? _____ Most Recent NSF happened in _____

(Please provide details/or additional comments of relevance)

Filled in by: (name) _____ Position: _____

Institution stamp:

PLEASE FAX BACK TO: (905) 415-0118

Thank you for your cooperation,
Management Office

Telephone: (905) 415-3443 Fax: (905) 415-0118