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Site Office: 45 Lisgar Street, Toronto, Ontario Tel: (416) 256-0660  
Fax: (416) 256-9050

Date: \_\_\_\_\_

The following information is required for rental purposes:

For \_\_\_\_\_

**BANKING INFORMATION TO BE COMPLETED BY YOUR BANK**

Name of Banking Institution: TO BE STAMPED BY YOUR BANK

BRANCH: \_\_\_\_\_

We hereby certify that the balance \$ \_\_\_\_\_ of account # \_\_\_\_\_

IS IN THE NAME OF \_\_\_\_\_

AND THEIR ADDRESS LISTED WITH US IS \_\_\_\_\_

THERE HAVE BEEN NO \_\_\_\_ YES \_\_\_\_ N.S.F. / RETURNED CHEQUES

THE ABOVE CUSTOMER HAS A LOAN AT THIS BRANCH \_\_\_\_\_

MONTHLY PAYMENT FOR ABOVE LOAN \$ \_\_\_\_\_

ACCOUNT OPENED SINCE \_\_\_\_\_

MANAGER: \_\_\_\_\_

OFFICER IN CHARGE: \_\_\_\_\_

Date: \_\_\_\_\_

Phone # \_\_\_\_\_



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