



## Permission To Accept Payment

I, \_\_\_\_\_ of, \_\_\_\_\_ permit  
(First name, Last name) Complete Street Address (Including suite number if applicable)

\_\_\_\_\_ and \_\_\_\_\_, named person(s)  
to pay my rent and accept my rental receipt on my behalf.

I, \_\_\_\_\_ give permission to the Medicine Hat Community Housing Society  
to accept payment for my rent from the above named person(s) and permit the above named to  
collect a rental receipt on my behalf.

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

**Signature:** \_\_\_\_\_