

APPOINTMENT OF AUTHORIZED AGENT TO TERMINATE RENTAL CONTRACT

TO : Enercare Home Services, 7400 Birchmount Rd. Markham ON L3R 5V4, Attention: Agency Confirmation
email: agencyconfirmation@enercare.ca

CUSTOMER DETAILS:

ACCOUNT HOLDER			
INSTALLATION ADDRESS			PHONE #
CITY	PROVINCE ONTARIO	POSTAL CODE	WATER HEATER SERIAL #

AGENT DETAILS:

LEGAL NAME OF AGENT			
AGENT'S ADDRESS			PHONE #
CITY	PROVINCE ONTARIO	POSTAL CODE	
DATE NEW RENTAL AGREEMENT SIGNED WITH AGENT (if applicable)		AGENT'S RELATIONSHIP TO ACCOUNT HOLDER	

The Agent above is in no way affiliated with Enercare Home Services, nor any government agency or utility.

I have appointed the above-noted agent. My agent has my authority to act in my name and on my behalf to do the following (the "Purposes"):

- (a) to manage all aspects of terminating the rental agreement with Enercare for my rental water heater tank (the "Old Tank"), including arranging for and completing the return of the Old Tank to Enercare;
- (b) to dispute any charges billed to me by Enercare after the date the Old Tank is returned to Enercare.

My Agent is authorized to act as if the Agent were me for these Purposes. All prior notifications of agency appointment with respect to the Purposes are hereby revoked and of no further force or effect.

I acknowledge that you are entitled to rely upon every act or thing done, or document executed, by my Agent in connection with the Purposes as if the Agent is me. Neither you, nor any of your directors, officers, employees or agents, shall be liable for any action taken or omitted to be taken under or in connection with or in reliance upon the appointment of my Agent.

This shall also confirm that **the Old Tank has not been, or will not be, removed for at least 20 days following the date the customer signs an Agreement with the new supplier, and that I have received or will receive a verification call from my new supplier, confirming the details of my new Agreement, within 2 to 15 days of the Agreement effective date, as required by the Ontario Consumer Protection Act*.**

Dated this _____ day of _____, 20_____.

ACCOUNT HOLDER (PRINT NAME)	SIGNATURE OF ACCOUNT HOLDER
AGENT (PRINT NAME)	SIGNATURE OF AGENT

* Specific to Agreements resulting from the Agent initiating the Agreement at the above-noted Customer/Account holder residence.