



PRE-AUTHORIZED PAYMENT AGREEMENT

Please complete and return this form with a void cheque to the Billing Department by mail, fax or email.

Fields marked with an asterisk (*) are required.

The following pre-authorized payment agreement must be completed by the primary Enercare Home Services account holder.

PART A: CUSTOMER INFORMATION			
Account Number*:		Type of Account*: <input type="checkbox"/> Personal <input type="checkbox"/> Business**	
Primary Account Holder: Mr Mrs Miss Ms (Please Circle) First Name*: Middle Name: Last Name*:			
Primary Phone:		Secondary Phone:	Email:
Service Address*: Number, Street Name, Unit Number		City*:	Province*:
Mailing Address: (If different from above) Number, Street Name, Unit Number		City:	Postal Code*:
PART B: BANKING INFORMATION (PLEASE ATTACH A VOID CHEQUE)			
Bank Account Holder: (Name on cheque must match Enercare's primary account holder who is financially responsible for the Enercare account)			
First Name*:		Middle Name:	Last Name*:
Financial Institution*:		Financial Institution Number*: (3 digits)	
Transit (Branch Number)*: (5 digits)		Bank Account Number*: (7 or more digits)	
PART C: TERMS OF AGREEMENT			
<p>I authorize Enercare Home and Commercial Services Limited Partnership and its affiliates and agents (collectively, Enercare) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions, as per my instructions, for monthly or bi-monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my Enercare Home Services account(s). Regular monthly or bi-monthly payments for the full amount of the Enercare bill will be debited to my specified account on the due date indicated on the bill. Enercare will issue regular monthly or bi-monthly bills with a due date being 17 days after the bill creation date. Enercare will obtain my authorization for any other one-time or sporadic debits. This authority is to remain in effect until Enercare has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled by email or by mail to the Billing Department. I may obtain a form for a reimbursement claim, a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca. For business account customers, my signature is confirming that I have the authority to bind the corporation.</p> <p>Enercare may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.</p>			
Authorized Signature(s) for personal or business** accounts*:			Date*:

** I have the authority to bind the corporation.

Please complete and return this form with a void cheque to Enercare Home Services Billing Department by mail, fax or email.

Mail:	Enercare Home Services 2 nd Floor, Billing Department Markham, ON, L3R 6H3
Fax:	1-905-943-6426
Email:	payment.team@enercare.ca

If you have any questions, please call 1-800-266-3939.

The information collected on this form is for the sole purpose of providing our customers with home services and for the collection of our customer accounts. For a copy of the Enercare Privacy Policy see our website.
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