

PRE-AUTHORIZED PAYMENT AGREEMENT **BANK ACCOUNT FORM**

Please complete and return this form to the Billing Department by mail or email.

Fields marked with an asterisk (*) are required.

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

Account Number*: Type of Account*:PersonalBusiness** Primary Account Holder: Mr Mrs Miss Ms (Please Circle) First Name*: Middle Name: Last Name*:	PART A: CUSTOMER INFORMATION					
Primary Phone: Service Address*: Number, Street Name, Unit Number City*: Province*: Province*: Postal Code*: Mailing Address: (If different from above) Number, Street Name, Unit Number City: Province: Postal Code: PART B: BANKING INFORMATION (PLEASE ATTACH 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*: Financial Institution*: Financial Institution Number*: (3 digits) Bank Account Number*: (7 or more digits) PART C: TERMS OF AGREEMENT I authorize Enercare Home and Commercial Services Limited Partnership and its affiliates and agents (collectively, Enercare) and the financial institution designate any other financial institution I may authorize at any time) to begin deductions, as per my instructions, for monthly and/or bi-monthly regular recurring payments an one-time payments from time to time, for payment of all charges arising under my Enercare account(s). Regular monthly and/or bi-monthly payments for the full and of the Enercare invoices will be debited to my specified account on the due date indicated on the invoices. Enercare will Issue regular monthly or bi-monthly invoice with a due date being at least 15 days after the invoice creation date. Enercare will obtain my authorization for any other one-time or sporacia debits. This authority 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 debit is scheduled by email or by mail to the Billing Department. I may obtain a form for a reimbursement one-time or sporacia debits. This authority and the cancellation formation or gint to cancel a Pre-Authorized Debit (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. Enercare may not assign this authority and whether directty or indirect	Account Number*:		Type of Account	t*:PersonalBusine	ess**	
Service Address*: Number, Street Name, Unit Number City*: Province*: Postal Code*:	Primary Account Holder: Mr Mrs Miss Ms (Please Circle) First Name*:		Middle Name: Last Name*:			
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Please complete and return this form to Enercare Home Services Billing Department by mail or email

Enercare Home Services Mail: 7400 Birchmount Rd, Markham, ON, L3R 5V4 Attention: Payments

Email: payment.team@enercare.ca

If you have any questions, please call 1-855-367-7177 or visit us at enercare.ca.

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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