



# PRE-AUTHORIZED DEBIT (PAD) 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 Enercare Home Services account holder.

<b>PART A: CUSTOMER (PAYOR) INFORMATION</b>					
Account Number*:					
Primary Account Holder:		First Name*:		Last Name*:	
Primary Phone:		Secondary Phone:		Email:	
Service Address*: Number, Street Name, Unit Number			City*:	Province*:	Postal Code*:
Mailing Address: (If different from above) Number, Street Name, Unit Number			City:	Province:	Postal Code:

<b>PART B: BANKING INFORMATION (PLEASE ATTACH VOID CHEQUE) AND PAYMENT DETAILS</b>				
Bank Account Holder: (Name on cheque must match Enercare's primary account holder who is financially responsible for the Enercare account)				
First Name*:		Last Name*:		
Financial Institution*:			Financial Institution Number*: (3 digits)	
Transit (Branch Number)*: (5 digits)			Bank Account Number*: (7 or more digits)	
This PAD Agreement is for (check one)*: <input type="checkbox"/> Personal <input type="checkbox"/> Business Use			PAD amount: Variable (each PAD amount will be indicated on each monthly invoice)	
Frequency of each PAD: Recurring at monthly intervals (each PAD will be drawn on the Bank Account designated above on the due date that is indicated in each monthly invoice, which shall be twenty (20) days from the invoice date)				

<b>PART C: TERMS OF AGREEMENT</b>				
<b>Authorization:</b> I acknowledge that this PAD Agreement is provided for the benefit of Enercare Home and Commercial Services Limited Partnership and its affiliates and agents (collectively, <b>Enercare</b> ), as the payee, and is provided in consideration of the financial institution designated (or any other financial institution I may authorize at any time), agreeing to process PADs against the Bank Account (designated above) with my financial institution (or any other financial institution I may authorize at any time) in accordance with the rules of the Canadian Payments Association ( <b>CPA</b> ).				
I confirm that I have authority under the terms of my Bank Account agreement to authorize this PAD arrangement.				
If this PAD Agreement is for a business account, my signature is confirming that I have the authority to bind the corporation.				
By signing this PAD Agreement, I acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I acknowledge that I understand the terms of this PAD Agreement; and I agree to be bound by the terms of this PAD Agreement.				
<b>Waiver of Pre-notification and Confirmation:</b> I waive any and all requirements for pre-notification or confirmation under Rule H1 of the CPA, including, without limitation, advance notice of the amount of the PAD before the PAD is processed.				
<b>Cancellation or Termination of PAD Agreement:</b> I acknowledge that I may revoke, change or cancel my authorization under this PAD Agreement at any time in writing to Enercare. I understand and accept that this notification must be provided to Enercare by telephone, by email or by mail to the Billing Department (through the contact information indicated below), or through Enercare's online portal, at least <u>30 calendar days before</u> the next PAD is scheduled.				
I also acknowledge that Enercare may terminate this PAD Agreement at any time with immediate effect and will provide me with notice of such termination.				
Upon providing a notice of cancellation or revocation of authority, or upon termination of PAD Agreement by Enercare, Enercare will cease issuing PADs in accordance with Rule H1 under the CPA.				
To obtain a sample cancellation form, or for more information about my right to cancel this PAD Agreement, I acknowledge that I can contact my financial institution or visit <a href="http://www.payments.ca">www.payments.ca</a> .				

**Recourse/Reimbursement:** I acknowledge that I have certain recourse rights if any debit does not comply with this PAD 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.payments.ca](http://www.payments.ca).

**Assignment:** Enercare may not assign this PAD Agreement, 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 in accordance with Rule H1 of the CPA.

Authorized Signature for personal or business\*\* accounts\*:

Date\*:

**\*\*I have the authority to bind the corporation.**

**Please complete and return this form to Enercare Home Services Billing Department by mail or email**

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

**Email:** [payment.team@enercare.ca](mailto:payment.team@enercare.ca)

**If you have any questions, please call 1-855-367-7177 or visit us at [enercare.ca](http://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.

Stripe, Inc. has been contracted by Enercare and may act as the debtor in respect of your PAD. Stripe, Inc. may appear in your banking information as the debtor of the PAD.