



Enpure Home Comfort Ltd.
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info@enpure.ca

Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements

ENPURE HOME COMFORT LTD., is hereby requested and authorized to draw payments monthly under the Pre-Authorized Payment Plan, such payments to be charged against the account of the Undersigned as shown below to cover the rental payments in accordance with the Terms and Conditions of the Rental Agreement(s) between Enpure Home Comfort Ltd./Home Comfort Services and the Undersigned Lessee. I/We authorize Enpure Home Comfort Ltd. to debit my/our account indicated below, in the amount of rental fees plus HST on the 1st day of each month.

Financial Institution (FI) : _____

FI Account Number: _____

FI Transit Number: _____
(branch – 5 digits; FI – 3 digits)

FI Address: _____ Street _____ City _____ ON _____ Postal Code _____

I/WE AUTHORIZE MY/OUR FINANCIAL INSTITUTION TO CONFIRM MY/OUR PERSONAL INFORMATION CONSISTING OF MY/OUR BANKING INFORMATION ABOVE TO THE COMPANY OR ITS REPRESENTATIVES.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Company as indicated and to debit the amount specified to my/our account.

I/we will notify the Company promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

This authorization may be cancelled at any time upon written notice by me/us to the Company. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca. I/we understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to the Company are ended.

Any delivery of this authorization to the Company constitutes delivery by me/us to the bank.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca. I/we am/are all the persons who are required to sign on the above account.

Legal Name of Customer/Debtor _____

Type of Service: Personal Business

Civic Address _____ Phone No.: _____ Email: _____

CUSTOMER SIGNATURE: _____ **PRINT NAMES:** _____ **DATE:** _____