

Enpure Home Comfort Ltd. 10-50 Don Park Road, Markham ON L3R 1J3 Tel: 1-888-305-3168 Fax: 1-888-370-3168 info@enpure.ca

DATE:

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

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 **1**st day of each month.

Financial Institution (FI) :						
FI Account Number:						
FI Transit Number:						
FI Address:	Street	City	ON _	Postal Code	-	
I/WE AUTHORIZE MY/OUR OF MY/OUR BANKING INF						ON CONSISTING
Each payment shall be the indicated and to debit the an			cheque	e authorizing th	ne Bank to pay	the Company as
I/we will notify the Company other change in the account		move the accou	nt from	one bank or br	anch to anothe	r, or if there is any
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 removed reimbursement for any PAI Reimbursement, or for mor www.payments.ca. I/we am/	O that is not authorized or re information on my/our i	r is not consiste recourse rights,	ent with I/we r	n this PAD Agr may contact m	reement. To o y/our financial	btain a form for a
Legal Name of Customer/De	ebtor		-	Туре	of Service: Pers	onal <u>X</u> Business
Civic Address		Phone No.:			Email:	

CUSTOMER SIGNATURE: _____ PRINT NAMES: ____