

PRE-AUTHORIZED PAYMENT FORM

BANK ACCOUNT FORM

Please complete and return this form to billing.

Department by email or mail.



CUSTOMER INFORMATION

ACCOUNT HOLDER *:	FIRST NAME	MIDDLE NAME	LAST NAME	
ADDRESS*	CITY*		PROVINCE*	POSTAL CODE*
PRIMARY PHONE*	SECONDARY PHONE*		EMAIL*	

BANK ACCOUNT AUTHORIZATION (PLEASE ATTACH A VOID CHEQUE)

FINANCIAL INSTITUTION NAME*	TRANSIT NO* (5 DIGITS)
ACCOUNT NO* (7 OR MORE DIGITS)	BANK/ INSTITUTION CODE* (3 DIGITS)
FINANCIAL INSTITUTION ADDRESS	

PAYMENT INFORMATION

AMOUNT	DATE*	FREQUENCY*	RENTAL EQUIPMENT*			
	15th	Monthly	Water Heater <input type="checkbox"/>	Furnace <input type="checkbox"/>	Heat Pump <input type="checkbox"/>	Air Conditioner <input type="checkbox"/>

PRE-AUTHORIZED PAYMENT TERMS

I authorize the above business to debit my bank account as outlined in the payment terms above. I authorize EN SAVING INC. 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 regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my EN SAVING INC. account(s). Regular monthly payments for the full amount of EN SAVING INC. EN SAVING INC. will obtain my authorization for any other one-time or sporadic debits. This authority is to remain in effect until EN SAVING INC. 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 mail to the Billing Department. 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 PAP Agreement. I shall contact EN SAVING INC. with proof of non-authorized payments and go as per legalities. I/we are responsible for providing the details of the person responsible for PAP towards the rental equipment and in case of selling of the property, we shall intimate and provide details to EN SAVING INC. with the lawyer and corresponding agent details. If a service or repair is required, please call 416-289-8880. We collect and use personal information about you to establish and manage our business relationship with you. We won't knowingly share this information with third parties without your permission, other than a party that we transfer or assign this agreement to. Your privacy is important to us. As a current customer, we are committed to offering you more value in the future. EN SAVING INC. will not assign this authorization, whether directly or indirectly, by operation of law, change or otherwise, without providing at least 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 PAP agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

CUSTOMER SIGNATURE*

DATE*

This 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.