

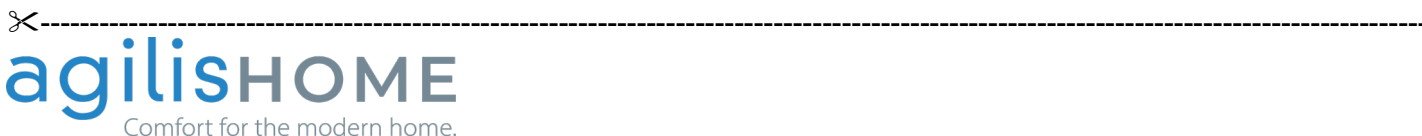
Dear Customer: **Pre-Authorized Payment Plan Registration Form**

Thank you for considering one of our Pre-Authorized Payment Plan options. We are pleased to offer this payment service to our customers and appreciate your interest and participation.

Both of the Pre-authorized Payment Plans offer an easy and economical method of payment for your billings. By participating you will be able to eliminate cheques, postage and late payment charges. Once the application form has been completed and returned to us your future payments will be automatically withdrawn from your bank account on the due date of your invoice, as defined in our Terms and Conditions.

If you have any questions, please contact our office by phone at (705) 417-0325 between 8:30 am and 4:30 pm, Monday to Friday, by fax at (705) 675-0503, or by email at [info@agilishome.ca](mailto:info@agilishome.ca).

To enroll in the Pre-Authorized Payment Plan, please fill out the form below and mail the completed form with a voided cheque to the above address. This notification must be received at least ten (10) business days before the next payment is scheduled to be withdrawn.



**Enrolment Card to Submit with VOID Cheque**

**I/we, the undersigned, authorize Agilis Home, and the financial institution designated, to begin deductions as per my/our instructions for monthly recurring payments and/or actual invoiced amount, for charges arising under my Agilis Home account. This authorization is to remain in effect until Agilis Home has received written notification from the undersigned of its change or termination. Please select one of the two plans:**

**Monthly Equal Payment Plan**

or **Actual Invoiced Payment Plan**

(Equal amount is withdrawn for 11 months.  
Reconciliation amount withdrawn on 12<sup>th</sup> month)

(Pay actual amount owing every invoice on due date.)

1<sup>st</sup>  7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  **YES, occasionally send me email from Agilis Home.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You, the payor, may revoke your authorization at any time, subject to providing notice of 30 days. You, the payor, have certain recourse rights if any debit does not comply with this agreement. For example, you 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 or a sample cancellation form, or for more information on your right to cancel a PAP agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**IMPORTANT: Please enclose a sample of your cheque marked "VOID" with the signed application form and mail completed form to: 500 Regent Street, Sudbury, ON, P3E 3Y2, fax to: 705-675-0503, or email [info@agilishome.ca](mailto:info@agilishome.ca).**