500 Regent Street, Sudbury ON P3E 3Y2 ☎ (705) 417-0325 🖷 (705) 675-0503

Agilis Home Pre-Authorized Payment Plan

Dear Customer:

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 bills, by withdrawing payment automatically from your bank account on the date determined by the choice below.

If you have any questions, please contact us by phone at (705) 417-0325 between 8:30 am and 4:00 pm, Monday to Friday, by fax at (705) 675-0503, or by email at info@agilishome.ca.

To enroll in the Pre-Authorized Payment Plan, please complete the form below and include a sample of your cheque marked "VOID" or a copy of your Pre-Authorized Debit form, to be returned to our office either by mail, fax or email. This notification must be received at least 14 days before the next payment is scheduled to be withdrawn.

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Enrolment Card

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 choose one of the following options:

Option 1

Monthly Equal Payment Plan ☐
(Equal amount is withdrawn monthly one the chosen date. Reconciliation amount withdrawn in the spring on the due date of that invoice)

☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

Option 2

Actual Invoiced Payment Plan ☐
(The invoiced amount will be withdrawn on the listed due date.)

Name : _____

Service Address : _____

Home Phone : _____ Cell Phone : _____

E-mail : _____

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..

IMPORTANT: Please enclose a sample of your cheque marked "VOID" with the signed application form.