

PRE-AUTHORIZED PAYMENT PLAN

1. Complete and sign the enrollment/authorization form below.
(Terms and conditions are attached.)
2. Attach a personal cheque unsigned and marked "void"
3. Return this enrollment/authorization form and void cheque to our office.

Payor Name (s) _____

Street Address _____

City / Province / Postal Code _____

Phone _____

I (WE) AUTHORIZE: York Professional Care & Education
15203 Yonge Street
Aurora, Ontario L4G 1L8

TO DEBIT MY/OUR ACCOUNT: ACCOUNT NUMBER _____
NAME OF FINANCIAL INSTITUTION _____
BRANCH ADDRESS _____
TRANSIT NUMBER _____

FOR \$ _____ fixed amount monthly beginning _____,
Payable on the first business day of every month.

variable amount not to exceed \$ _____ beginning _____
Payable on the first business day of every month.

I/We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

Signature

Date

Signature**

Date

**For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account

15203 Yonge Street, Aurora, Ontario. L4G 1L8
Telephone: (905) 841-1314 (416) 969-8133
www.yorkprofessional.com

PRE-AUTHORIZED PAYMENT PLAN TERMS AND CONDITIONS

I/We will notify the company in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Agency.

My/Our financial institution will treat each debit as if I/We had personally issued a written direction authorizing the Agency to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits charged to my/our account will be reimbursed if:

- a) the debit was not drawn in accordance with this authorization;
- b) the authorization has been terminated; or
- c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Agency,

by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/We acknowledge that delivery of this authorization to the Agency constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.