



Home Comfort Services  
9-50 Don Park Road, Markham ON L3R 1J3  
Tel: (416) 913-6840 Fax: (416) 502-9903  
info@homecomfortservice.ca

**Pre-Authorized Debits (PADs) Rule H1**  
**Payor's PAD Agreement – Mandatory and Supplementary Elements**

**Home Comfort Services**, 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 Home Comfort Services and the Undersigned Lessee. I/We authorize Home Comfort Services to debit my/our account indicated below, in the amount of rental fees plus HST on the 1<sup>st</sup> day of each month.

**Financial Institution (FI) :** \_\_\_\_\_

**FI Account Number:** \_\_\_\_\_

**FI Transit Number:** \_\_\_\_\_ - \_\_\_\_\_  
(branch – 5 digits; FI – 3 digits)

**FI Address:** \_\_\_\_\_ ON \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

I/WE AUTHORIZE MY/OUR FINANCIAL INSTITUTION TO CONFIRM MY/OUR PERSONAL INFORMATION CONSISTING OF MY/OUR BANKING INFORMATION ABOVE TO THE COMPANY OR ITS REPRESENTATIVES.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Company as indicated and to debit the amount specified to my/our account.

I/we will notify the Company promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

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](http://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 rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca). I/we am/are all the persons who are required to sign on the above account.

Legal Name of Customer/Debtor \_\_\_\_\_ Phone # \_\_\_\_\_  
Type of Service: Personal  Business

Civic Address \_\_\_\_\_ Email \_\_\_\_\_

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **PRINT NAMES:** \_\_\_\_\_ **DATE:** \_\_\_\_\_