



PRE-AUTHORIZED PAYMENT FORM

Input boxes for New Authorization, Change in Authorization, and Cancel Authorization.

1. Client information

Client Name, Client Number, Client Address, Telephone Number

2. Account Holders information

Name, Mailing Address, City, Province, Postal Code, Telephone, Email Address

3. Payment Options

Monthly Account Balance, in full Starting date: 28 / / (28th / month / year)

4. Financial Institute (FI) Information

Please attach an unsigned VOID cheque OR complete the Financial Institution (FI) information:

FI Name, FI Address

FI Branch number (5 digits), FI number (3 digits), FI Account Number

Use the following sample and coding on the bottom of your cheque to provide:

Sample MICR line: 555 10107 00 0 2210 220

5. Authorization

I/We (include all required signatures) authorize SPRINT Senior Care to automate withdrawal(s) for payment for the SPRINT Senior Care client account referenced above from the Financial Institute (FI) identified on my VOID cheque or in the above FI information.

Signature of account holder, Signature of joint account holder (if appropriate), Name, Date

You 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 Pre-Authorized Payment Agreement.

MAIL TO: SPRINT Senior Care 140 Merton Street, Toronto, ON M4S 1A1
or FAX TO: 416-481-9829
or EMAIL TO: info@sprintseniorcare.org