DIRECT PAYMENT SERVICE
ENROLLMENT AUTHORIZATION CARD

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign below on the bottom of the document following the terms and conditions section.
3. For joint accounts, all depositors must sign if more than one signature is required on cheques issued from the account.
4. If bank account doesn't belong to Tenant, then this form must be signed by the owners of the bank account.
5. Please return the completed form with a blank cheque marked "VOID" (for verification purposes) to the Company.
6. If you have any questions please write or call the Company.

I/WE

Name(s) _____

Building Address _____ **Unit #** _____

City _____ **Province** _____ **Postal Code** _____

AUTHORIZE

_____

NAME OF COMPANY (THE "Company")

Address _____

City _____ **Province** _____ **Postal Code** _____

TO DEBIT MY/OUR ACCOUNT |_|_|_|_|_| |_|_|_| |_|_|_|_|_|_|_|_|_|_|

TRANSIT **INST.** **ACCOUNT NUMBER**

_____

NAME OF FINANCIAL INSTITUTION

_____

BRANCH ADDRESS

For the purpose of: _____

(Fixed Amounts) IN THE FIXED AMOUNT OF $ _____, payable _____ (frequency) beginning _____ (date).

(Variable Amounts) FOR VARIABLE AMOUNTS NOT TO EXCEED $ _____, payable _____ (frequency) beginning _____ (date).

TERMS AND CONDITIONS

I/WE

1. Will notify the Company in writing of an changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.
2. Understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Company.
3. Understand that our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Company to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.
4. 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) this authorization has been terminated; or
   (c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Company,

   by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.
5. Acknowledge that delivery of this authorization to the Company constitutes delivery to my/our financial institution.
6. Warrant that all persons whose signaturezs are required to sign up on this account have signed this authorization.

Signature _____ **Date** _____

Signature _____ **Date** _____