Pre-Authorized Debit Agreement

I/we authorize HCSS and the Bank of Montréal to begin deductions as outlined in the payment terms of this agreement. HCSS will provide notice electronically of the amount of each regular debit. I/we are aware that I/we will be responsible for any bank charges resulting from insufficient funds in the designated account.

This authority is to remain in effect until HCSS has received written notification from me/us of its change or termination. This notification must be received at least 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 right to cancel a pre-authorize debit agreement at my/our financial institution or by visiting www.cdnpay.ca.

HCSS may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 pre-authorized debit that is not authorized or is not consistent with this agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

CLIENT INFORMATION *(please fill out all applicable information)*

Name(s):_____ Client Number:_____

Name(s):_____ Client Number:_____

Address: _____ Phone Number: _____

City/Town: _____Province _____Postal Code _____

Email address: _____

BANKING INFORMATION *(attach a void cheque or form provided by your bank)*

PAYMENT TERMS: Monthly invoicing payments for the full amount of services delivered will be debited to my/our specified account in the month following the month in which services were utilized.

Authorized Client Signature(s): _____ Date: _____

Authorized Client Signature(s): _____ Date: _____

Authorized POA Signature(s): _____ Date: _____

Name of POA (please print): _____

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