



**Pre-Authorized Debit (PAD)  
Payor's PAD Agreement**

**Home Instead**

**Please read and complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize 1407511 Ontario Inc., DBA Home Instead Senior Care, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Home Instead account(s), amounts of which may vary on each bi-monthly invoice. Regular payments for the full amount of services delivered will be debited to my/our specified account immediately following each service period (1<sup>st</sup> – 15<sup>th</sup> and 16<sup>th</sup> – 30<sup>th</sup>/31<sup>st</sup> of each month). Home Instead will provide written notice of the amount of each regular debit in the form of the Home Instead invoice. Home Instead will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Home Instead has received written notification from me/us of its change or termination. 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).

Home Instead 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, 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).

**Customer Information** (Please Print Clearly)

Account Holder's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Type of Service: Personal  Business

**Bank Account Information** (Please Print Clearly)

Financial Institution Name: \_\_\_\_\_

Financial Institution Branch Address: \_\_\_\_\_

Branch Transit Number: 

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Financial Institution Number: 

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Account Number: 

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Account Holder's Name: (Please Print Clearly)

Joint Account Holder's Name: (If Applicable)

Account Holder's Signature: \_\_\_\_\_

Joint Account Holder's Signature: (If Applicable) \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_