



Pre-authorized Payment Authorization

(Please attach a voided cheque)

Name(s): _____

Address: _____

Phone: _____

Name of Resident: _____

I (we) authorize Windermere Care Centre Inc. to process a debit, in paper, electronic or other form an amount representing the monthly rent charge for the above named Resident. This amount will be calculated on a monthly basis using the Long Term Care (LTC) User Fee determined by the Vancouver Coastal Health Authority.

The debit from my (our) account will be on the first business day of the month.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (we) have received a copy of the authorization form.

Signature: _____ Date: _____

Signature: _____ Date: _____

Pre-authorized Payments – Terms and Conditions

I (We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in a consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payment Association.

I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I (We) hereby authorize (Name of Payee) to draw on (Name of Payor) account number _____ with (Processing Institution), for the following purpose.

This authorization may be cancelled at any time upon notice by (Name of Payor). I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to (Name of Payee).

I (We) acknowledge that provisions and delivery of this authorization to (Name of Payee) constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor).

I (We) undertake to inform (Name of Payee), in writing, of any change in the account information provided in this authorization prior to the next date of the PAD.

I (We) acknowledge the (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to the amount.

I (We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by (Name of Payee) as a condition to honouring a PAD issued or caused to be issued by (Name of Payee) on (Name of Payor) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and (Name of Payee). The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

1. The PAD was not drawn in accordance with Payor's Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD of 10 business days in the case of a business PAD).