



Pre-Authorized Debit (PAD) Form

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Account Information

Account Number: _____	Service Address: _____
Customer Name(s): _____	City/Town/Province: _____
_____	Postal Code: _____
_____	Mailing Address: _____
Type of Service: Residential Commercial	_____
Telephone (Main): _____	Telephone (Work): _____

Financial Information

Financial Institution: _____	Pre-Authorized Debit (PAD) Category:
Transit Number (5 Digits): _____	Personal Business
Institution Number (3 Digits): _____	
Account Number: _____	
I/We have enclosed a void cheque or pre-authorized debit form (Required).	

Plan Options (Select One Plan Only)

Pre-Authorized Debit Plan (PAD):

I/we authorize InnPower Corporation (InnPower) 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our InnPower account(s). Regular monthly payments for the full amount of services delivered will be debited from my/our specified account on the due date of each month. I/we further authorize any final bill amount (if applicable) to be debited from my/our bank account for the amount due on the due date. InnPower will provide 10 days written notice of the amount of each regular debit. InnPower will obtain my/our authorization for any other one-time or sporadic debits.

Equal Monthly Payment Plan (EPP): Due Date 1st of Month 10th of Month 15th of Month

I/we authorize InnPower and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit my/our bank account in the amount of \$_____ (see message area on bill) on the date selected above and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account.

Additional Information

This authority is to remain in effect until InnPower 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 above. 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.

InnPower 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

Authorized Signature(s): _____ **Date:** _____

Please e-mail the completed form to InnPower's Customer Service team at cs@innpower.ca