



866-EXPERTS
ServiceExperts.ca

PRE-AUTHORIZED PAYMENT AGREEMENT

Please complete and return this form by mail or email.

Fields marked with an asterisk (*) are required.

The following pre-authorized payment agreement must be completed by the primary Service Experts account holder.

PART A: CUSTOMER INFORMATION			
Account Number*:		Type of Account*: <input type="checkbox"/> Personal <input type="checkbox"/> Business**	
Primary Account Holder: Mr Mrs Miss Ms (Please Circle)		First Name*:	Middle Name: Last Name*:
Primary Phone:	Secondary Phone:	Email:	
Service Address*: Number, Street Name, Unit Number		City*:	Province*:
Postal Code*:			
Mailing Address: (If different from above) Number, Street Name, Unit Number		City*:	Province*:
Postal Code*:			

PART B: BANKING OR CREDIT CARD INFORMATION	
OPTION 1: FOR BANK ACCOUNT PAYMENTS (PLEASE ATTACH A VOID CHEQUE)	
Bank Account Holder: (Name on cheque must match Service Experts' primary account holder who is financially responsible for the Service Experts account)	
First Name*:	Middle Name: Last Name*:
Financial Institution*:	Financial Institution Number*: (3 digits)
Transit (Branch Number)*: (5 digits)	Bank Account Number*: (7 or more digits)
OPTION 2: FOR CREDIT CARD PAYMENTS	
Credit Card Holder: (Name on credit card must match Service Experts' primary account holder who is financially responsible for the Service Experts account)	
First Name*:	Middle Name: Last Name*:
Type of Credit Card*: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Credit Card Number*:
Expiration Date*: (mm-yy)	

PART C: TERMS OF AGREEMENT	
<p>I authorize SE Canada, Inc. and its affiliates and agents (collectively, Service Experts) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions, as per my instructions, for monthly or bi-monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my Service Experts account(s). Regular monthly or bi-monthly payments for the full amount of the Service Experts bill will be debited to my specified account on the due date indicated on the bill. Service Experts will issue regular monthly or bi-monthly bills with a due date being 18 days after the bill creation date. Service Experts will obtain my authorization for any other one-time or sporadic debits. This authority is to remain in effect until Service Experts has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled by mail to the Customer Care Department. I may obtain a form for a reimbursement claim, a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca. For business account customers, my signature is confirming that I have the authority to bind the corporation. Service Experts may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.</p>	
Authorized Signature for personal or business** accounts*:	Date*:

**I have the authority to bind the corporation.

Please complete and return this form to Service Experts Customer Care Department by mail.

Mail: Service Experts Inc.
P.O. Box 3007
Markham Industrial Park
Markham ON L3R 6G4

If you have any questions, please call 866-EXPERTS.