

Community Name / OU: \_\_\_\_\_ / \_\_\_\_\_

Resident Name \_\_\_\_\_ Account Number \_\_\_\_\_

Email Address (for confirmation) \_\_\_\_\_ @ \_\_\_\_\_

### Pay your bills the hassle-free way.

With our Pre-authorized Payment option, your payments are made automatically on the payment due date – and you don't even have to sign the cheque.

- **Save Money**

Forget about buying stamps, incurring late payment charges and reduce your bank bill payment costs.

- **Save Time**

Forget about writing cheques or making trips to the bank or post office to pay your bills.

- **Save Worry**

Forget about cheques that get delayed in the mail or about missing your payment due date.

### What do I do?

- Complete and sign the enrolment/authorization form below.

- Attach your personal blank cheque marked "void"

- Mail or deliver the enrolment /authorization form and void cheque to our office.

### Pre-authorized Payment Authorization

Name(s)

Address:

Phone:

I (we) authorize Sunrise Senior Living, Inc. to process a debit, in paper, electronic or other form in the amount being stated on a statement mailed to me (us) 14 days before the debit date; on my (our) account on the first day of each month beginning.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Name / OU: \_\_\_\_\_ / \_\_\_\_\_

Resident Name \_\_\_\_\_ Account Number \_\_\_\_\_

## PRE-AUTHORIZED PAYMENTS – TERMS AND CONDITIONS

“I (We) acknowledge that this Authorization is provided for the benefit of Sunrise Senior Living, Inc. and the TD Canada Trust and is provided in consideration of the TD Canada Trust agreeing to process debits against my account in accordance with the Rules of the Canadian Payments 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 Sunrise Senior Living, Inc. to draw on (a/c name, hereinafter referred to as

Payor).  (a/c #)

with (financial institution)  for the following purpose.”

“This authorization may be cancelled at any time upon notice by Payor. I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to Sunrise Senior Living, Inc.”

“I (We) acknowledge that provision and delivery of this authorization to Sunrise Senior Living, Inc. constitutes delivery by Payor to the TD Canada Trust. Any delivery of this authorization to you constitutes delivery by Payor.”

“I (We) undertake to inform Sunrise Senior Living, Inc. in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.”

“I (We) acknowledge that the TD Canada Trust 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.”
- that any purpose of payment for which the PAD was issued has been fulfilled by Sunrise Senior Living, Inc. as a condition to honouring a PAD issued or caused to be issued by Sunrise Senior Living, Inc. on Payor’s account.”

“Revocation of this authorization does not terminate any contract for goods or services that exists between Payor and Sunrise Senior Living, Inc. 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 the 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 the 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 for up to and including to 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 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 or 10 business days in the case of a business PAD.)”