

**PLEASE COMPLETE THE PRE-AUTHORIZED PAYMENT (PAP) PLAN AGREEMENT BELOW.**

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 to 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.

**OR**

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 due date of each monthly bill** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account.

**OR**

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 15th day of each month** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account

**OR**

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 10th day of each month** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account

**OR**

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 1st day of each month** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account

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 below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAP Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.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 PAP that is not authorized or is not consistent with this PAP 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.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE PRINT**

Name(s): \_\_\_\_\_ InnPower Account No.: \_\_\_\_\_

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

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

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

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

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_

(Branch 5 digits; FI – 3 digits)

I/we have enclosed a void cheque.

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



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