

**Pre-Authorized Payment Plan**

Client's Name: \_\_\_\_\_

Account Holder's Name: *(Please print)* \_\_\_\_\_

I (we) authorize McCormick Dementia Services to process a debit, in paper, electronic or other form for the current month's accommodation charges and agreed-upon miscellaneous charges. McCormick Dementia Services will continue to send me my monthly statement at least 10 days prior to the withdrawal from my account. This amount may be increased/decreased at a future date subject to the terms as set out in the admission agreement.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment and that I (we) have received a copy. (Please note that if you are using a joint account, both account bearers must sign.)

Signature(s) of Account Holders: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH A CHEQUE MARKED "VOID"  
FOR THE PURPOSES OF THIS AGREEMENT**

**Terms and Conditions**

I (we) authorize the payee to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given. I (we) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I (we) will notify the payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit. It is my (our) responsibility to ensure that there are sufficient monies in the account to cover the monthly pre-authorized debit to my (our) bank account.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch account within 90 days:

- (a) I (we), have never provided authorization to the payee.
- (b) The pre-authorized debit was not drawn in accordance with my (our) authorization.
- (c) My (our) authorization was revoked.
- (d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.