

Considering Pre-Authorized Payments? It's as easy as 1, 2, 3!

Philips Lifeline offers the convenience of Pre-Authorized Payments (PAP) for paying your invoice. With the PAP option, your Lifeline bill can be paid automatically from your bank account on the 15th of every month. You never have to pay for postage, walk to the mailbox or worry about remembering to pay for your service.

Signing up for PAP is easy:

Step 1: Complete the form on the back of this sheet.

Step 2: Mark VOID on a cheque from your personal banking account.

Step 3: Return the **VOID cheque** and **completed form** to the address below:

Philips Lifeline - TH1115
PO Box 4283
Postal Station A
Toronto, ON M5W 5W6

If you don't have a VOID cheque to submit, we can still enroll you for this convenient payment option. Simply visit your bank and ask that they complete and fax us a PAP form on your behalf.

Please note:

If you are switching to PAP and have an outstanding balance, you will still need to remit payment by cheque for that amount. Your first PAP withdrawal will begin with the next payment period.

If you have any questions, please contact us at 1-800-387-1215.

Head Office:
95 Barber Greene Road, Suite 105
Toronto, ON M3C 3E9
Telephone: 1-800-387-1215
Fax: 1-800-313-9764

Quebec Regional Office:
100 – 774 Decarie Blvd.
Saint-Laurent QC H4L 3L5
Tel: 1-800-387-1215
Fax: 1-877-920-9507

www.lifeline.ca

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Pre-Authorized Payment Enrollment (PERSONAL)

1. Complete and sign the Pre-Authorized Payment Authorization form below.
2. Please attach an unsigned cheque marked "VOID" to this form.

Pre-Authorized Payment Authorization 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.

Termination of this authorization does/may not terminate the contract for goods and services exchanged.

I (We) will notify the Payee in writing of my changes in the account information or termination of this authorization prior to the next due date of the Pre-Authorized debit.

I (We) have certain recourse rights if any debit does not comply with this PAP Agreement. For example, I (We) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. More information about recourse rights can be found at www.cdnpay.ca.

Pre-Authorized Payment Authorization

Customer No.: _____

Name: _____

Address: _____

City/Town: _____ Province / Postal Code: _____

Phone: _____

I (We) authorize Philips Lifeline to process a debit, in paper, electronic or other form in the amount of \$ _____ on my (our) account **monthly** on or around the **15th day** of the month for monitoring services. This amount may be increased/decreased at a future date as agreed to in writing by me (us).

I (We) acknowledge that the first debit may be less than the amount authorized above.

I (We) acknowledge that I (we) have read and understood all of the provisions contained in the terms and conditions of the Pre-Authorized Payment Authorization.

Signature _____ Date _____

Signature _____ Date _____

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