

PERSONAL INFORMATION *Mandatory

ACCOUNT NO.
(If you already have received an invoice)

First Name* Surname*

Address* City* Postal Code*

Phone (Home)* Phone (Work)*

Email address

_____/_____/_____ Desired date of payment
(Pre-authorized debit only).*

Frequency of payment* Monthly Every 2 months

_____/_____/_____ \$
Amount of payment (taxes included)*

If no date is indicated HydroSolution will debit your account according to invoice date + 5 days. The date of the payment must be 5 days after the date of the invoice.

PRE-AUTHORIZED DEBIT *Mandatory

Pre-authorized Debit (PAD) enables you to pay your bills automatically. With your authorization, HydroSolution will deduct the amount due from the bank account of your choice. To register for the PAD program, fill out the form below and **attach a cheque specimen with "void" written on it.**

INFORMATIONS ON YOUR BANK ACCOUNT

Name of financial institution


Branch address City

Branch No.* Institution No.* Account No. (Folio)*

_____/_____/_____ Date*

Customer signature*

(These numbers appear on your cheques)

Example: 

| | | |
|------------|-----------------|-------------|
| Branch No. | Institution No. | Account No. |
|------------|-----------------|-------------|

Type of Pre-authorized Debit* Personal Company

I authorize HydroSolution and the financial institution designated to begin deductions as per my instructions above. HydroSolution will provide 10 days written notice for any other debit that does not respect this present PAD.



This authorization is to remain in effect until HydroSolution has received written notification from me of its change of termination. This notification must be received at least 10 business days before the next debit is scheduled. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca

I have certain recourse right if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

HydroSolution may contact me/us if any mandatory should be missing.

PRE-AUTHORIZED PAYMENT BY CREDIT CARD *Mandatory

To have your invoice automatically charged to your credit card, please call **1 877 353-0077**. The charges will be billed one day after the invoice date.

Credit Card*  

_____/_____/_____ Card No.* _____ Expiration Date*
_____/_____/_____ Date*

Customer signature*

Please sign and send this form as soon as possible to:
HydroSolution - Water Heater Rental Service 7100, Jean-Talon Street East, Room 110, Anjou, Quebec H1M 3S3.
 For any information, call **514 353-0077** in the Montreal Area or **1 877 353-0077** elsewhere in Quebec.
Fax: 514 322-7290 or 1 877 322-7290 • info@hydrosolution.com • www.hydrosolution.com