



**Circle of Care**  
Sinai Health

4211 Yonge St., Suite 401  
Toronto, ON M2P 2A9  
416-635-2860

**PERSONAL  
PRE-AUTHORIZED  
DEBIT (PAD) FORM**

**INSTRUCTIONS**

**Please email the completed form to [financedept@circleofcare.com](mailto:financedept@circleofcare.com).** Do not add your credit card information to the form below. **Please call 416-635-2860 ext 270 to provide your credit card information over the phone** so it can be secured in our payment system immediately. Thank you.

I authorize Circle of Home Care Services (Toronto) ("Circle of Care") to charge my credit card monthly for regular or recurring payments, or payments of all charges arising under my account. I expressly waive any legislative or regulatory requirement for pre-notification of the amount to be charged to my credit card. Transaction dates that fall on a weekend or holiday will be processed the next business day.

Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

I may revoke my authorization at any time, subject to providing written notice five (5) business days before the next scheduled monthly payment.

Charges will be automatically withdrawn from the authorized credit card on a monthly basis, after invoices have been mailed out. All credit card information will be provided directly to Circle of Care over the telephone and will be stored on a secure website. I will notify Circle of Care if there are any disputes with charges or transactions that appear on the monthly invoice. After notification, Circle of Care will investigate the charges and a credit will be issued if justified.

I have certain recourse rights if any charges processed do not comply with this agreement. For example, I have the right to receive reimbursement for any charge that is not authorized or is not consistent with this PAD agreement. I acknowledge that Circle of Care has advised me that I can obtain more information on my recourse rights by contacting my financial institution or visiting [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date