



Pre-Authorized Debit (PAD) Agreement

1. Payor Information (*required fields)

First Name (Resident)*	Initial	Last Name (Resident)*
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2. Name on Account/Power of Attorney

First Name*	Initial	Last Name*
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Street # and Name

City	Province	Postal Code
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Telephone Home	Business/Work	Cellular
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3. Billing Method (*Required fields)

I/We authorize Harbourview Lodge Continuing Care Centre (Harbourview Lodge) to debit my/our account indicated for the purpose of payment of my/our monthly accomodation charge and monthly incidentals for an amount as indicated to me/us by Harbourview Lodge.

These charges are for (check one) Personal Business use

You may cancel this authorization at any time given at least 30 days notice (see cancellation notice below). Regardless of cancellation of this authorization, the amount owing to Harbourview Lodge is still your obligation to pay. This authorization will become void no more than 60 days following a final bill.

I agree to pay the invoiced amount on the last banking day at the end of each month following the date of the invoice.

Signature(s) of account holder	Date
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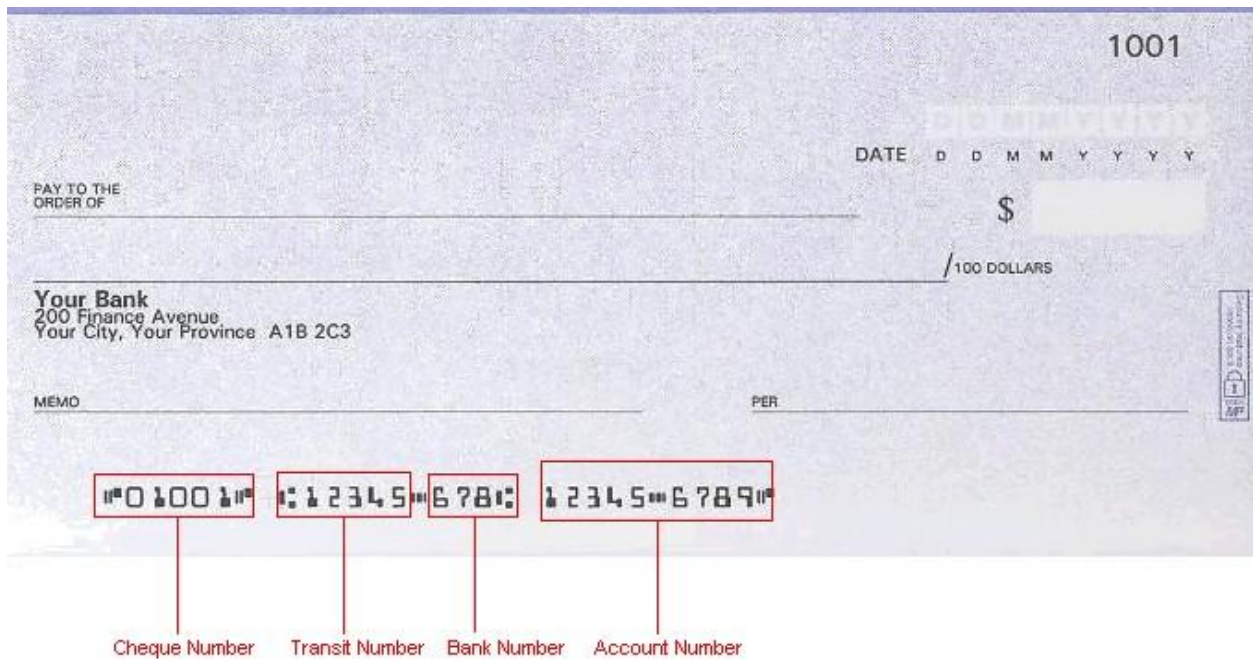
4. Banking Information

Financial Institution* Branch Address*

City* Province*

Chequing Account Savings Account

Transit Number Bank Number Account Number





5. Authority to Debit Account

(1) You agree to provide Harbourview Lodge with your financial institution account information and authorize Harbourview Lodge to debit such an account in order to pay your accommodation charge and incidental bill.

(2) You agree to maintain balances sufficient to pay all bills, and agree that Harbourview Lodge is not liable for any overdraft, insufficient fund, or charge caused by your failure to maintain funds sufficient to pay all payments issued through us.

(3) You agree to promptly notify Harbourview Lodge in writing of any changes to the financial institution account information and grant authority for Harbourview Lodge to debit such an account.

6. Recourse/Reimbursement

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

Signature(s)

Date

Contact Information-Harbourview Lodge

22651 Highway 7, PO Box 68

Sheet Harbour, NS B0J3B0

Business office (902)885-3630

Email ronda.faulkner@nshealth.ca



PRE-AUTHORIZED DEBIT CANCELLATION NOTICE

To: Harbourview Lodge Continuing Care Centre

Date: _____

I/we _____, cancel my/our authorization to issue pre-authorized debits against my/our account effective _____ (date). I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with Harbourview Lodge.

Signed _____

Payor/Valid signing authority

Payor/Valid signing authority

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Cancellation Notice.

Note: Please note that your financial institution cannot cancel a PAD agreement. All cancellation requests must be submitted directly to Harbourview Lodge. Notice of cancellation must be in writing.