

Deer Lodge Centre
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Assistive Technology PRODUCTS AND SERVICES Communication Devices Program Equipment Rental/Deposit Payment Agreement



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg

PART 1 - The Communication Devices Program (CDP) to:

Client Last Name

Client First Name

Date of Birth:

D	D	M	M	M	Y	Y	Y	Y	

Authorize payment of **\$20/month** equipment rental fee, start date:

D	D	M	M	M	Y	Y	Y	Y	

Authorize payment of **\$25 deposit** for borrowed equipment, start date:

D	D	M	M	M	Y	Y	Y	Y	

Notice of equipment returned/ rental discontinued, end date:

D	D	M	M	M	Y	Y	Y	Y	

Instructions for Choosing Payment Options

1. Please review Responsibility for Payment Agreement, set out below.
2. Please review attached Equipment list.
3. To authorize payment please choose from the Payment Options to the right.
4. For Pre-authorized payments, *please complete the Pre-Authorized Debit (PAD) Payment Authorization form (AD0125).
5. For all payment options, please complete the entire Billing Information section below.
6. For any concerns regarding billing, please contact Deer Lodge Centre, Finance Department at 204-831-8213.

Payment Options: (please check one)

- Pre-authorized payments*
- Postdated cheques
- Cash
- Cheque(s)

Responsibility for Payment Agreement

1. I agree to assume responsibility and pay the monthly rental fees and/or deposit as assessed by the Communication Devices Program.
2. The Guarantor shall ensure full payment of the rental fees including additional fees if applicable.
3. This is a continuing guarantee and shall apply to any ultimate balance due or remaining due to the Communication Devices Program.
4. If there is more than one Guarantor, the obligations are joint and several.
5. CDP will notify finance to refund Deposit once all equipment has been returned to the program.

PART 2 - BILLING INFORMATION: PAYEE to Communication Devices Program

Print Name of Guarantor (Client/ Legal Representative)

Address: _____ City/Town: _____

Postal Code: _____ Email (optional): _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Guarantor signature

Relationship to client (if applicable)

Date:

D	D	M	M	M	Y	Y	Y	Y	