

Deer Lodge Centre
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Ph: 1-204- 831-3430
Fax: 1-204- 885-2524

Assistive Technology

PRODUCTS AND SERVICES

Communication Devices Program

Equipment Rental 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

Client Last Name

Client First Name

Date of Birth: **Client Date of Birth**
D D M M Y Y Y Y

☐ Authorize payment of **\$20/month** equipment rental fee, start date: **Rental Start Date**
D D M M Y Y Y Y

☐ Authorize payment of **\$25 deposit** for borrowed equipment, start date: **Deposit Start Date**
D D M M Y Y Y Y

☐ Notice of equipment rental discontinued, end date: **Rental End Date**
D D M M Y Y Y Y

Instructions for Choosing Payment Options **Read thoroughly:**

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
☐ Cheques

☒ Check one of the above options

Responsibility for Payment Agreement **Read thoroughly:**

1. I agree to assume responsibility and pay the monthly rental fees 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

Full Name of person responsible for payment

Print Name of Guarantor (Client/ Legal Representative)

Address: **Mailing address of person responsible for payment (PRP)** City/Town: **City of PRP**

Postal Code: **Postal Code of PRP** Email (optional): **Email address of PRP**

Telephone: (Home) **Provide all, or preferred phone number of PRP** (Cell) _____

Signature of PRP

How PRP is associated with client

Guarantor signature

Relationship to client (if applicable)

Date:

Date signed
D D M M Y Y Y Y