

Autopay Enrollment Form

Please note: By completing, signing and submitting this form change to (electronically or by other means) you are acknowledging that Henry Schein Canada and subsidiaries, is authorized, on a monthly basis, to automatically debit the bank account number or credit card number you have provided for the total amount of all designated purchases billed to the Henry Schein Canada account number noted below.

Customer Information

Name:	
Name of Responsible Party Acting on Authorization:	
Henry Schein Account #:	
Contact eMail Address:	Contact Phone #:

Invoices to pay *(Please check applicable boxes)*

- All Invoices
 Merchandise, Services
 Small Equipment Purchases *(Some restrictions may apply)*

Payment Method *(Please check applicable boxes)*

- Auto Debit Bank Account
 Credit Card

Direct Debit / Bank Account Information

Name on Account:
Bank Name:
Bank Routing Transit #:
Bank Account #:

Credit Card Information

Type of Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	
Name on Credit Card:	
Credit Card #:	CW / Security #:
Expiration Date:	
Credit Card Billing Address:	
Cardholder Email Address (For Notification Purposes):	

Agreement

The terms and conditions, as set forth by Henry Schein Canada and Subsidiaries, are understood as follows:

- In the event I have provided my Direct Debit bank account information, I hereby authorize Henry Schein Canada and the bank or other financial institution named above, on a monthly basis, to debit the bank account I have provided above for the total outstanding amount of all designated purchases billed to the Henry Schein Canada account number listed above.
- In the event I have provided my credit card information, I hereby authorize Henry Schein Canada and the issuer of the credit card referred to above, on a monthly basis, to debit the credit I have provided above for the total outstanding amount of all designated purchases billed to the Henry Schein Canada account number listed above. Expiry Date must be updated as necessary.
- In the event my bank account or credit card number or type changes or is no longer valid, I understand that a new form will need to be completed with the updated information in order to maintain my Autopay enrollment.

Signature: _____ Name (Printed): _____

Title: _____ Date: _____

Please eMail completed form to: Attention AutoPay Department arpayments@henryschein.ca
Need additional information? Please contact Accounts Receivable at 1-800-737-5029 Ext 4720