## Repayment Assistance Program application for personal accounts

The purpose of the 407 ETR Repayment Assistance Program (the "Program") is to assist qualifying customers, who are currently experiencing financial constraints, with relief through debt repayment solutions.

#### **Program details:**

Upon admission to the Program, any applicable plate denial will be lifted upon payment receipt of 20% of your outstanding balance, at the discretion of 407 ETR. While you are enrolled in the Repayment Assistance Program, any interest on your unpaid balance will be suspended. Repayment terms will be agreed upon based on your balance owing and ability to pay. Repayment plans are not to exceed 12 months.

If your application to the Program is unsuccessful, your obligations, responsibilities, liability and status in respect of your said account will remain unchanged.

### **Eligibility:**

You are eligible to participate in the Program only if, on the date of your application, you meet the following criteria:

- You are a 407 ETR personal account holder.
- Your current financial situation does not enable you to pay your 407 ETR account balance in full, and you are otherwise, unable to secure alternate means to pay your account.
- You have not been in default of any other 407 ETR financial assistance programs.
- The outstanding balance on your individual personal 407 ETR account is a minimum of \$500 and does not exceed \$5,000.

### How to apply:

Please complete and submit the application below to repaymentassist@407etr.com. Our goal is to respond within five business days; however, response times may vary.

#### **General terms:**

Your admission into, and participation in, the Repayment Assistance Program is at the sole discretion of 407 ETR. 407 ETR may, in its sole discretion and at any time, amend the terms of the Program, and/or terminate the Program. You specifically acknowledge that your debt to 407 ETR shall remain due and outstanding until paid and discharged in full pursuant to the Program or otherwise. You hereby agree to indemnify and hold harmless 407 ETR and its respective directors, officers, employees, agents, successors and assigns from and against all claims, losses and liabilities whatsoever arising out of or in connection with the Program, and you hereby release and forever discharge same from any and all related actions, causes of actions, claims and demands. You represent that all information provided by you on and/or with your application is complete, accurate and true in every respect. The laws in force in Ontario shall apply to the Program and all matters relating to it, and the courts of Ontario shall have exclusive jurisdiction over all such matters. You declare that you have read and understood the contents of this document and agree to be bound by the same.

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Customer name:		Date:	
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# Repayment Assistance Program Application for Personal Accounts

Customer name:			Phone number:				
Email address:			407 ETR account #				
NO You		or this progra	ty? (Select which applies) m. Please call us at ntative.		o speak		
You may qualify for this program. Please complete the following questions and submit your application to <a href="mailto:repaymentassist@407etr.com">repaymentassist@407etr.com</a>							
Please check ALL that apply:							
Temporary Lay-off			Reduced	work hours			
Permanent lay-off/Job loss			Reduced	wages			
Other If other, please d	escribe below:						