

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

CUSTOMER INFORMATION *(Please print clearly)*

Name:

Telephone Number:

Telecom Options Account # :

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Street Address:

City :

Province :

Postal Code :

BANK ACCOUNT INFORMATION *(Please attach a copy of a void cheque along with your application)*

Deposit Account Number :

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Branch Transit Number :

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Financial Institution Number :

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Chequing Account

Savings Account

Financial Institution: Name:

Branch address:

PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the Payor, authorize Telecom Options Inc. to debit the bank account identified above. The amount to be debited shall be the new balance shown on the most recent monthly bill issued prior to the debit occurring. The amount shall be withdrawn on the date shown on said monthly bill.

These services are for (check one)

Personal Use

Business Use

You, the Payor, may revoke your authorization at any time by sending in a written request subject to providing a notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder :

Signature of Joint Account Holder (if applicable) :

Name :

Name :

(Please Print)

(Please Print)

Date :

Date :

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. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail or fax to:

Telecom Options Inc., 625 Marion Street
Winnipeg, MB R2J 0K3
Tel: 1.866.233.6100 Fax 1.877.842.3534
E-mail: service@telecomoptions.com

