

Payor's Authorization

Please check **ONE** of the following options:

Pre-Authorized Credit Card – (Visa, VisaDebit or Master Card only)

NAME ON CARD: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
TELEPHONE: _____ WORK/CELL: _____
CREDIT CARD NUMBER: _____
EXPIRY DATE _____ CV(CVV) CODE: _____

Pre-Authorized Debits (Please include a copy of a void cheque or bank payment form)

(Note: bank payment options and changes must be received by the Ehtel office at least **7 business days** in advance of the payment date (28th) in order to be processed for the current month's due date)

ACCOUNT HOLDER'S NAME(S): _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
TELEPHONE: _____ WORK/CELL: _____
FINANCIAL INSTITUTION: _____
BANK ADDRESS: _____
BANK INSTITUTION #: _____ BANK TRANSIT #: _____
BANK ACCOUNT #: _____

I (We) authorize Eh!Tel Networks Inc. to debit the bank account/credit card identified above for \$ _____
INCLUDING applicable taxes, each month commencing on the **28th day** of _____, 20 _____

And (if applicable)

A one-time payment of \$ _____ (Including taxes) for installation or other costs as invoiced.

EHTEL ACCOUNT NUMBER TO WHICH PAYMENTS ARE TO BE APPLIED: _____

You the Payor, may revoke your authorization at any time, subject to providing 30 days **written** before your next automatic debit. 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/Card Holder

Signature of Account Holder/Card Holder (if applicable)

Name (Please Print)

Name (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.

Please complete all applicable areas and mail, fax or email to: Eh!Tel Networks Inc.
392058 Grey Road 109
Holstein, ON N0G 2A0
Tel: 519-594-0946 Fax: 519-594-0142
Email: billing@ehtelnetworks.ca

TERMS AND CONDITIONS

I (We) acknowledge that this Authorization is provided for the benefit of Eh!Tel Networks Inc. and the previously named Financial Institution and is provided in consideration of the previously named Financial Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.

I (We) hereby authorize Eh!Tel Networks Inc. to draw on the Payor's account number and the previously named Financial Institution, for the following purpose: **WIRELESS INTERNET ACCESS**

This authorization may be cancelled at any time upon 30 days written notice by the Payor. I (We) acknowledge that, in order to revoke this authorization, I (we) must provide notice of revocation to Eh!Tel Networks Inc.

I (We) acknowledge that provision and delivery of this authorization to Eh!Tel Networks Inc. constitutes delivery by the Payor to the Financial Institution. Any delivery of this Authorization to you constitutes delivery by the Payor.

With respect to fixed amount pre-authorized debits, written notice from Eh!Tel Networks Inc. of the amount to be debited and the due date of debiting, at least 10 calendar days before the due date of the **first pre-authorized debit**, and such notice shall be received every time there is a change in the amount or payment date.

The account that Eh!Tel Networks Inc. is authorized to draw upon is indicated on the next page. A specimen cheque, if available, for this account has been marked "**VOID**" and attached to this authorization.

I (We) undertake to inform Eh!Tel Networks Inc., in writing, of any change in the account information provided in this authorization prior to the next due date of the pre-authorized debit.

I (We) acknowledge that the previously named Financial Institution is not required to verify that a pre-authorized debit has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I (We) acknowledge that previously named Financial Institution is not required to verify that any purpose of payment for which the pre-authorized debit was issued has been fulfilled by Eh!Tel Networks Inc. as a condition to honoring a pre-authorized debit issued or caused to be issued by Eh!Tel Networks Inc. on the Payor account.

Revocation of this authorization does not terminate any contract for goods and services that exists between the Payor and Eh!Tel Networks Inc. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.

A pre-authorized debit may be disputed by a Payor under the following conditions:

- 1) the pre-authorized debit was not drawn in accordance with the Payor's Authorization; **OR**
- 2) the authorization was revoked; **OR**
- 3) pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either **1, 2 or 3** took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal household pre-authorized debit (or up to and including 10 business days in the case of a business pre-authorized debit), after the date on which the pre-authorized debit in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between Eh!Tel Networks Inc. and the Payor when disputing any pre-authorized debit after 90 calendar days in the case of a personal household pre-authorized debit, or after 10 business days in the case of a business pre-authorized debit.

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

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