

Automatic Payment Plan - Customer Authorization Form

Name on Bill: _____

Date: _____

Telephone Number: _____

Account Number: _____

Postal Address: _____

Business _____ Residential _____

SELECT ONE OF THE FOLLOWING AND COMPLETE THE DETAILS AS REQUIRED:

From Bank Account

(Please provide an unsigned VOID Cheque)

Bank Number

Transit Number

Account Number

From Credit Card

___ Visa ___ Mastercard

Expiry Date: ___ / ___ (mm/yy)

I agree that a pre-authorized debit in the amount of my monthly invoice may be drawn from my account on the 26th (due date). I will promptly inform Mornington Communications, in writing, of any changes in the account information 10 days prior to the next due date of the preauthorized debit. Either myself or Mornington Communications may revoke this authorization by delivering a **WRITTEN NOTICE** to the other party at any time. I also warrant that all person(s) whose signatures are required to sign on the account have signed this authorization. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive any reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement.

Signature

2nd Signature (if required on Chequing Account)