To have your monthly telMAX invoice paid automatically from your bank account by pre-authorized debit (PAD), please fill out the authorization form below. Please return the completed and signed form along with your first name, last name, and account number to pad@telmax.com. If you have any questions, please feel free to call us at 905-233-7377 ext. 3 and a member of our Customer Care Team would be happy to assist you.

TELM	AX PRE - AUTHORIZATION DEBIT AGREEMENT
Debit: (Attach a void cheque) Acct Number: Financial Institution Number: Branch Transit Number: Chequing Account: Savings Account: Financial Institution Name:	Pre-Authorized Debit (PAD) Details: You the Payor authorize telMAX to debit the account identified to the left for all charges arounder your telMAX account(s). Variable mo payments for the full amount of services will debited to your account on the 5 th day following invoice date of the month. You the Payor waive right for pre-notification of variable amounts to debited to your account.
Branch Address:	These Services are for personal use.
	You the Payor may revoke your authorization at time in writing subject to providing at least 10 prior notice of the next scheduled payment.
	You have certain recourse rights if any debit on not comply with this agreement. For example, have the right to receive reimbursement for

e-Authorized Debit (PAD) Details:

ou the Payor authorize telMAX to debit the bank count identified to the left for all charges arising ider your telMAX account(s). Variable monthly yments for the full amount of services will be bited to your account on the 5th day following your voice date of the month. You the Payor waive the tht for pre-notification of variable amounts to be bited to your account.

ou the Payor may revoke your authorization at any ne in writing subject to providing at least 10 days ior notice of the next scheduled payment.

ou have certain recourse rights if any debit does ot comply with this agreement. For example, you ive 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 institute or visit www.payments.ca.

Account Holder:

Signature: Name (Please Print): Date:

Joint Account Holder (if applicable):

Signature: Name (Please Print): Date:

When the form is complete, mail or email to:

