

DSM TELECOM- PRE-AUTHORIZED PAYMENT AGREEMENT

PLEASE COMPLETE THIS FORM.
PLEASE INCLUDE A VOID CHEQUE IF APPLICABLE.

PRE-AUTHORIZED PAYMENT AGREEMENT

Tenant AUTHORIZES DSM TELECOM TO BEGIN MONTHLY DEDUCTIONS AS PER OUR CONTRACT FOR FEES RELATED TO THE USE OF DSM TELECOM SERVICES. REGULAR MONTHLY PAYMENTS FOR *THE TOTAL DUE AMOUNT* INDICATED ON THE MONTHLY INVOICE FOR SERVICES DELIVERED AND USED WILL BE DEBITED FROM YOUR ACCOUNT SPECIFIED BELOW ON THE 30TH DAY OF EACH MONTH.

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL DSM TELECOM HAS RECEIVED WRITTEN NOTIFICATION FROM THE TENANT OF ITS CHANGE OR TERMINATION REQUEST. THIS NOTIFICATION CAN BE GIVEN BY EITHER THE PAY OR PAYEE AND MUST BE RECEIVED AT LEAST 30 DAYS BEFORE THE NEXT DEBIT IS SCHEDULED AT THE ADDRESS PROVIDED ON THE REMITTANCE PORTION OF THE INVOICE SENT FROM DSM TELECOM.

I AUTHORIZE DSM TELECOM TO KEEP MY SIGNATURE ON FILE AND TO CHARGE MY VISA/MASTERCARD OR DEBIT MY CHEQUING /SAVINGS ACCOUNT FOR FEES RELATED TO THE USE OF DSM TELECOM SERVICES.

OPTION #1 - CHARGE MY CREDIT CARD

VISA OR MASTER CARD # _____

EXPIRY DATE: _____

NAME: _____

(PLEASE PRINT NAME EXACTLY AS IT APPEARS ON YOUR CREDIT CARD)

SIGNATURE: _____ DATE: _____

OPTION #2 - DEBIT MY BANK ACCOUNT

CHEQUING (ATTACH A COPY OF VOID CHEQUE)

SAVING (ATTACH A COPY OF A DEPOSIT SLIP)

BANK NAME: _____

BRANCH: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

NAME: _____

(PLEASE PRINT NAME EXACTLY AS IT APPEARS ON YOUR ACCOUNT)

SIGNATURE: _____ DATE: _____