

PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM Access Acct #: _____

NAME _____

SERVICE ADDRESS _____ TELEPHONE NUMBER _____

PAYMENT OPTIONS:

Payment date: 1st of the month 15th of the month

BANK PAYMENT OPTION: I/We hereby authorize:

My Bank's Name _____ Branch Name _____ Branch Address _____

Institution Number _____ Branch Transit Number _____ Account Number _____ City _____

Type of account: chequing savings

****REMEMBER TO INCLUDE YOUR VOIDED CHEQUE;**

OR CREDIT CARD OPTION:

Financial Institution: VISA MasterCard (choose one)

XXXX - XXXX - XXXX - _____ (last 4 digits required) _____ / _____
 Credit Card Number Expiry Date (MM/YYYY)

Cardholder Name _____ Notification Email (optional) _____

to debit my/our account indicated above, each month for all charges payable to Access Communications. I/we acknowledge this amount may change from month to month as a result of a direct action on my part and I/we agree to waive the pre-notification requirement. Access Communications will provide at least 10 days notification of any price changes. Your treatment of each payment shall be the same as if I/we personally issued a cheque authorizing you to debit the amount specified to my/our account. I/we acknowledge that I/we have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I/we have received a copy.

Date _____ Signature _____ Co-Signature _____

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

PRE-AUTHORIZED PAYMENT

Save postage, envelope and cheque costs. Eliminate the worry of missing due dates, even when you're out of town. With our pre-authorized payment plan, your monthly charges will be automatically debited to your bank account or credit card.

HOW IT WORKS:

- Just fill in the authorization form and return it to **Access Communications, 2250 Park St., Regina, SK, S4N 7K7, fax to 306-565-5395, email : customer.care@myaccess.coop, or call 1-866-363-2225** for more info.
- Attach a void cheque if you are applying to have your payment debited from your bank account.
- Pay your first month as you normally would. The first withdrawal will begin on the next monthly due date.
- This plan is optional and free of charge. Each month the charges for all services will be automatically withdrawn from your bank account or credit card on either the 1st or 15th, as you requested.
- You can apply to begin pre-authorized payments any time.
- In the event you change banks, just send us a new voided cheque and we will make the necessary changes.
- Please advise us of your new credit card expiry date. Download a new form from www.myaccess.ca.
- Please give us one month's notice if you wish to change or cancel your information.



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- Please give us one month's notice if you wish to change or cancel your information.

PRE-AUTHORIZED PAYMENT AUTHORIZATION – TERMS AND CONDITIONS

I/we acknowledge that this authorization is provided for the benefit of Access Communications and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our 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 authorization may be cancelled at any time upon notice by me/us. I/we acknowledge that, in order to revoke this authorization, I/we must provide notice of revocation to Access Communications.

I/we acknowledge that provision and delivery of this authorization to Access Communications constitutes delivery by me/us to the Processing Institution. Any delivery of this authorization to you constitutes delivery by me/us.

Access Communications and I/we agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

I/we undertake to inform Access Communications, in writing, of any changes in the account information provided in this authorization prior to the next due date of the Pre-Authorized Debit (PAD).

The account that Access Communications is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I/we acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of my/our authorization including, but not limited to, the amount.

I/we acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Access Communications as a condition to honoring a PAD issued or caused to be issued by Access Communications on my/our account.

Revocation of this authorization does not terminate any contract for goods or services that exists between Access Communications and me/us. My/our authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by me/us under the following conditions:

- 1) the PAD was not drawn in accordance with my/our authorization; or
- 2) the authorization was revoked.

In order to be reimbursed, I/we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to the branch of the Processing Institution holding my/our account up to and including 90 calendar days in the case of a personal/household PAD (or up to 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account.

I acknowledge that a claim on the basis that my/our authorization was revoked, or any other reason, is a matter to be resolved solely between Access Communications and me/us when disputing any PAD after 90 calendar days in the case of a personal/household PAD (or up to 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.