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.

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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 bank account identified to the left for all charges arising under your telMAX account(s). Variable monthly payments for the full amount of services will be debited to your account on the 5th day following your invoice date of the month. You the Payor waive the right for pre-notification of variable amounts to be debited to your account.	Accou Signatu Name (Date: Joint A Signatu Name Date: _
Branch Address:	Those Comings are for normand use	

These Services are for personal use.

You the Payor may revoke your authorization at any time in writing subject to providing at least 10 days prior notice of the next scheduled payment.

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 institute or visit www.payments.ca.

Account Holder:

Signature: _____ Name (Please Print): _____ Date: ____

Joint Account Holder (if applicable):

Name (Please Print): _____

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When the form is complete, mail or email to:



telMAX Inc. 15 Allstate Parkway, Suite 500, Markham, ON, L3R 5B4 pad@telmax.com