

# MeloTel Pre-Authorized Debit Agreement

1 Yonge Street, Suite 1801. Toronto, Ontario M4T 2A4 - 1-888-635-6835

## Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize MeloTel and the financial institution designated (or any other financial institution. I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our services account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1<sup>st</sup> day of each month. MeloTel will provide (10) days written notice of the amount of each regular debit. MeloTel will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until MeloTel has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.payments.ca](http://www.payments.ca).

MeloTel may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca)

### PLEASE COMPLETE ALL FIELDS BELOW

BUSINESS INFORMATION		FINANCIAL INSTITUTION INFORMATION	
Date	_____	Business Name	_____
Contact Name(s)	_____	Account Number	_____
MeloTel Acc No.	_____	Transit Number	_____
Type of Service	_____	Branch Number	_____
Address	_____	Branch Address	_____
City	_____	Branch City	_____
Province	_____		
Postal Code	_____		
Phone Number	_____	<b><u>AUTHORIZED</u></b>	
(Cell)	_____	<b><u>SIGNATURE</u></b>	X _____
Type of Service	<b>PERSONAL</b> <b>BUSINESS</b>		

**Fax this completed form to 1-866-610-6659 or email [billing@melotel.com](mailto:billing@melotel.com)**