



Corridor Communications Inc.

Suite #137, 465 Aviation Road NE., Calgary AB T2E 7H8 • Phone (888) 240-2224 • Fax (888) 240-2188

PERSONAL PRE-AUTHORIZED DEBIT / CREDIT CARD AGREEMENT

I (we), _____, have acknowledged and agreed to authorize the debiting of the below mentioned bank account / credit card for each amount billed monthly by Corridor Communications Inc. commencing on the 1st day of _____, and due on the same day each successive month thereafter until notified otherwise in writing.

This Authorization is the same as if I (we) had signed a cheque or credit card transaction for each debit to be made from my (our) bank account / credit card. I (we) may terminate this Authorization at any time by giving 10 days prior written notice to Corridor Communications Inc.

The financial institution that is being debited is not required to verify that any debits on the bank account / credit card are in accordance with this Authorization.

Corridor Communications Inc. will fully reimburse any debit within 60 days after it posts the debit, provided that a sworn Declaration is signed stating one of the following: (a) the debit was not drawn in accordance with this Authorization, (b) the Authorization was properly revoked, (c) the debit was posted incorrectly to the wrong account.

I (we) warrant that all persons whose signatures are required to sign on the bank account / credit card have signed below and have received a copy of this Authorization.

I (we) have certain recourse rights if any debit does not comply with this agreement. For example, you [I/we] 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 my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca

Please fill in Section A for pre-authorized bank account withdrawal OR Section B for pre-authorized credit card withdrawal.

SECTION A – FINANCIAL INSTITUTION:

Bank Name: _____ Address: _____

Transit #: _____ (5 digits) Route #: _____ (3 digits) Account #: _____ (include all digits)

***Please attach a SIGNED & VOID Cheque & sign below.**

SECTION B – CREDIT CARD INFORMATION: Please check one: VISA MasterCard

Name on Card: _____
(customer name must be exactly as shown on card)

16 Digit Credit Card #: _____ Exp. Date: _____
(MM/YY)

Signature: _____ Date: _____

Name: _____