



## PRE-AUTHORIZED DEBIT / CREDIT AGREEMENT CORRIDOR COMMUNICATIONS INC.

**Complete this Letter of Authorization to set up pre-authorized monthly withdrawals from a bank account or credit card. Sign and return the Letter by email to [BillingWiBand@corp.cciwireless.ca](mailto:BillingWiBand@corp.cciwireless.ca), or mail it to our office.**

I (we), \_\_\_\_\_ have acknowledged and agreed to authorize the debiting of the below mentioned bank account / credit card for each amount billed monthly by WiBand Communications (Corridor Communications Inc.) commencing on the 1<sup>st</sup> day of Month, Year 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 WiBand.

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.

WiBand 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) has certain recourse rights if any debit does not company with this agreement. For example, the Customer has 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](http://www.cdnpay.ca).

**Complete Section A for pre-authorized bank account withdrawal  
OR  
Complete Section B for pre-authorized credit card withdrawal.**

**WiBand Account Number:** \_\_\_\_\_

<b>SECTION A – FINANCIAL INSTITUTION</b>		
Bank Name: _____	Address: _____	
Transit #: _____ (5 digits)	Route #: _____ (3 digits)	Account #: _____ (include all digits)
<i>*Attach a SIGNED &amp; VOID cheque and sign below</i>		

<b>SECTION B – CREDIT CARD INFORMATION</b>		
Name on Card: _____	CVV: <input type="text"/> <input type="text"/> <input type="text"/>	
<small>(Must be exactly as shown on card)</small>		
Credit Card #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date (MMYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Card Holder Address: _____		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_