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ELECTRONIC PRE-AUTHORIZED DEBIT (PAD) CONFIRMATION

Date:	Nexicom Account Number:
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CUSTOMER ACCOUNT INFORMATION

Customer Name:		
Account Type:	Services:	
Customer Address:		
City:	Province:	Postal Code:
Phone Number:	Contact Number :	

PAYMENT SPECIFICS

Billing Cycle:	Date of Withdrawal:
Amount of Payment: Variable	Frequency of Payment: Monthly

BANKING INFORMATION FOR PAD (Attach Void Cheque w/ Completed Form)

Transit #:	Institution #/ Bank Code:	Account #:
Bank Name and Address:		
Bank City:	Bank Province:	Bank Postal Code:

NOTES

Confirmation of Customer Information:
 If any of the above details are incorrect, please contact us immediately.

Statement with Regard to Pre-Notification for Variable PADs:
 You will receive a notice identifying the amount of each PAD at least ten days before the Date of Withdrawal.

Cancellation:
 Your Nexicom PAD Agreement may be cancelled providing notice is received at least ten days before the next scheduled Date of Withdrawal.

Customer Rights:
 You have certain recourse rights if any Withdrawal Amount does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights contact your Financial Institution or visit www.cdnpay.ca.

Customer Signature:	Copy to Customer
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VOID CHEQUE REQUIRED ALONG WITH COMPLETED FORM