

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

For assistance in filling this form, please call us at 1-855-886-0505 or email us at [services@gophonebox.com](mailto:services@gophonebox.com).

(Please print clearly)

### 1. Terms to be added on current PAD application form

#### PAYMENT FAILURE DUE TO NSF (NON SUFFICIENT FUND)

When the payment declines due to insufficient fund in applicant's checking account, applicant will be charged for \$25.00 plus applicable tax for overdraft fees from PhoneBox. Please note that applicant's bank may charge for an "overdraft fee".

### 2. Message to be added on the Newsletter

#### FYI : NOTIFICATION FOR PRE-AUTHORIZED DEBIT PAYERS

Please note that you will be charged for an overdraft fee when your PAD payment declines due to non sufficient fund. Depends on type your bank account, you may also get an overdraft charge from your own bank. The draft is done between 20th~26th each month. It is recommended that you have enough balance on your checking account within the draft period in order to prevent any overdraft charges.

### 3. Customer and PhoneBox Account Information

First Name:		Last Name:	
Address:			
City:		Province	
Postal Code:		Phone or Client #:	

### 4. Customer Bank Account Information

Name of Financial Institution:	
Customer Bank Account Number:	
Transit Number (5 digit branch number):	
Financial Institution Number:	

### 5. Pre-Authorized Debit Details

By signing this Personal PAD Agreement, you, the Payor, authorize PhoneBox to draw on the bank account identified above for charges, services and products provided with respect to the above noted PhoneBox Phone Number or Account Number. You shall inform PhoneBox, in writing, of any change



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in information associated with the bank account provided in this authorization at least (15) business days prior to the next due date of the pre-authorized debit. A pre-printed personalized void check must be included with this pre-authorized debit authorization.

You will continue to receive bills for services and products provided with respect to the above noted PHONEBOX Phone Number or Account Number. Receipt of a PHONEBOX bill serves as notice of the date of the debit and the amount to be debited from your account. You acknowledge and agree that the notice may be received less than ten (10) calendar days before the date of the debit or after the date of the debit.

You may revoke the present authorization at any time, with a 30 day notice. You can notify us of any cancellation by emailing your letter of cancellation to [services@gophonebox.com](mailto:services@gophonebox.com), or by mailing it to: PHONEBOX, 658 Seymour St. Vancouver, BC V6B 3K4. You may also advise us of the cancellation by calling the toll-free number 1-855-886-0505. You can also obtain more information on your right to cancel a pre-authorized debit agreement, from your financial institution or by visiting [cdnpay.ca](http://cdnpay.ca). Revocation or termination of this authorization does not terminate any contract for services or products that exists between you and PHONEBOX. This authorization applies only to the method of payment and the amount of the payment, and does not otherwise have any bearing on the contract for services or products including any related terms and conditions.

You have certain recourse rights if any debit does not comply with this PAD 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 institution or visit [cdnpay.ca](http://cdnpay.ca).

Please return the completed Pre-Authorized Debit (PAD) Agreement form by **email**, or **mail** along with a **pre-printed personalized void cheque** (a copy of this cheque will be accepted if the form is submitted by email).

By email: [services@gophonebox.com](mailto:services@gophonebox.com)

By mail: [PHONEBOX, 658 Seymour St. Vancouver, BC V6B 3K4](#)

*The client understands and agrees to all provisions in this Pre-Authorized Debit Agreement. PHONEBOX will only accept and action this request if it is signed and dated.*

Date	
Client Signature	

*Please DO NOT include any payment with this request.*

\* The PHONEBOX phone and account numbers appear in the upper right corner of your PHONEBOX account statement.

\* The 5-digit transit number usually corresponds to the second set of numbers provided at the bottom of your cheque.

\* The 3-digit institution number usually corresponds to the third set of numbers provided at the bottom of your cheque.

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

*Please keep the Terms and Conditions of this Agreement for your reference.*

By signing this Personal PAD Agreement, you, the Payor, authorize PHONEBOX to draw on your bank account for charges, services and products provided with respect to your PHONEBOX Client Billing Number or Account Number. You shall inform PHONEBOX, in writing, of any change in information associated with your bank account at least (15) business days prior to the next due date of the pre-authorized debit. A pre-printed personalized void check must be included with the pre-authorized debit authorization.

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