

Pre-authorized Payment Plan

Debit – Please attach a VOID cheque

Username (as it appears on invoice): _____

Send receipts to Email Address: _____

Financial Institution (FI): _____

FI Account Number: _____

FI Transit Number (branch – 5 digits; FI – 3digits) _____

Name: _____

Signature: _____

I as the account holder authorize Internet Kent Inc., 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 Internet Kent account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 10th day of each month. Internet Kent will provide a receipt via email each month. Internet Kent will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Internet Kent Inc. 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. Internet Kent 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 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.cdnpay.ca 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.cdnpay.ca

Credit

Username (as it appears on invoice): _____

Send receipts to Email Address: _____

Cardholder Name: _____

Card Number: _____

Expiry (MMYYYY): _____

Signature: _____