Source Cable Account #: _

SOURCE CABLE LIMITED PRE-AUTHORIZATION DEBIT AGREEMENT

☐ Credit Card: (Visa, Mastercard or American Express)	Pre-Authorized Debit (PAD) Details:	Account Holder:
Name on Card:	You the Payor authorize Source Cable Limited to debit the bank account identified to the left for all charges arising under your Source Cable Limited account(s). Variable monthly payments for the full amount of services will be debited to your account on the 1st business day of the month. You the Payor waive the right for pre-notification of variable amounts to be debited to your account. These Services are for (check one): Personal Business Use	Signature:
Credit Card #:		Name (Please Print):
Expiry Date:		Date:
Authorized Signature:		Joint Account Holder (if applicable):
☐ Debit: (Attach a void cheque)	You the Payor may revoke your authorization at any time in writing	Signature:
Acct Number: Financial Institution Number:	subject to providing at least 10 days prior notice of the next scheduled payment. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial insitution or visit www.cdnpay.ca	Name (Please Print): Date:
Branch Transit Number:		When the form is complete, mail or fax to:
Chequing Account: Savings Account:	You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive	Make the connection Source Cable Limited
Financial Institution Name:	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 www.cdnpay.ca	1090 Upper Wellington Street Hamilton, Ontario L9A 3S6 Tel: (905)-574-6464 Fax: (905)-574-4909 Email:info@sourcecable.ca





