



To : _____ Date : _____
 Attn : _____ Fax No.: _____
 From : _____ Pages : _____ (Including this page)

Pre-Authorized Payment Authorization Form — Bank Account Auto-pay

CITI Account Number : _____
 CITI Account Name : _____
 Billing Address : _____ Apt. No. : _____
 City : _____ Province : _____ Postal Code : _____

I (we) hereby authorize City Telecom to debit my (our) chequing account as stated below:

Name of Financial Institution : _____
 Bank Account Holder's Name : _____

Bank Number : _____ Transit / Branch Number : _____

Chequing Account Number : _____

for variable monthly amounts.

CITI's treatment of each payment shall be the same as if I (we) had personally issued a cheque authorizing CITI to debit the amount specified to my (our) account.

This authorization may be cancelled upon one-month prior written notice by me (us). Any delivery of this authorization to CITI constitutes delivery by me (us).

For verification purpose, your signature must be the same as your bank account's. If this is a joint account, both signature are required. Please also attach one of your personal blank cheque marked "VOID", and mail or deliver together with the authorization form to CITI. A service charge of \$15.00 will be applied to any charge backs.

X _____
 Bank Account Signature Date

X _____
 Bank Account Signature Date

NOTE: The outstanding amounts will be debited against your designated account on every 12th of each month. If 12th is a non-working, the debit will be processed on the following working day.

Please mail this registration form to 175 West Beaver Creek Road, #31, Richmond Hill, On, L4B3M1
 or fax to 416-502-3762

請將本表格寄回 175 West Beaver Creek Road, #31, Richmond Hill, On, L4B3M1 **或傳真至** 416-502-3762
 email to /**電郵** cstor@ctinets.ca