

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 12<sup>th</sup> of each month. If 12<sup>th</sup> is a non-working, the debit will be processed on the following working day.**

Please mail this registration form to 3781 Victoria Park Ave, #13, Scar, On, M1W 3K5 or fax to 416-502-3762  
**請將本表格寄回 3781 Victoria Park Ave, #13, Scar, On, M1W 3K5 或傳真至 416-502-3762**