



Compton Communications Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____

Compton Communications Account Number:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information (fill out or provide VOID cheque)

Deposit Account Number: Branch Transit Number:

Financial Institution Number: Chequing Account Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Compton Communications, and the financial institution designated (or any other financial institution you may authorize at any time) to begin deductions as per your instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under your Compton Communications account(s). Regular monthly payments for the full amount of services delivered will be debited to your specified account on the 1st business day of each month.

These services are for (check one) Personal Business Use

You, the Payor, hereby waive the right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of PADs before the debit is processed. Authorized Signature: _____

You, the Payor, may revoke your authorization at any time in writing or by phone, subject to providing notice of 14 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this 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 www.cdnpay.ca.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____

Name: _____

Date: _____

Date: _____

When the form is complete, mail or fax to: Compton Communications
PO Box 73
Port Perry, Ontario L9L 1A2
Tel: 905-985-8171 Fax: 905-985-0010
E-mail: customerservice@compton.net