COMPTON COMMUNICATIONS PRE-AUTHORIZED BILL PAYMENT FORM



Pay your account on time, every time.

Mail to:

P.O. Box 10209 RPO Meadowlands Mall Ancaster, ON L9K 1P3

Compton Communications

Sign up for pre-authorized bill payments and your Compton account will be paid automatically every month, directly from your bank account.

First Name	Last Name			
Home Phone	Cell Phone			
Address	City/Town			
Province	Postal Code			
Compton Account Number				
Email Address*				
* The email address provided above will only be used for billing and service notificati	ons			
Bank Name	Branch Transit Number (1)			
Bank Institution Number (2)	Bank Account Number	(3)		
Bank Address	City/Town			
Look for your personal banking information at the bottom of your personal cheques.	#* 1 2 3 4 5 G ?#*	(1) Branch Transit Number	(2) Bank Institution Number	(3) Bank Account Number
This agreement authorizes Compton Communications, operated by Rogers Communications Canada Inc. ("Comservices.	opton"), to debit my/our account shown above to	pay my/our periodic char	rges for the provis	ion of goods and/or
I/We acknowledge that this authorization is for the use of Compton and my/our financial institution and is provide of the Canadian Payment Association. I/We acknowledge that providing and delivering this authorization to Co Compton's bank(s) in order to implement this authorization. All persons whose signatures are required to sign o any change to my/our account information.	mpton constitutes delivery by me/us to my/our	financial institution. The i	nformation above	will be communicated to
This authorization agreement may be cancelled at any time provided notice is received by Compton 14 days befrore-authorized debit agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca . Cancellatio for Compton goods or services. Compton may not assign this agreement without providing at least 10 days' prior notice to me/us.				
I/We understand that: The amount of each payment to be debited from my/our account reflecting charges to my/our account from the Compton may reduce the standard period of pre-notification for each debit. Debits will occur monthly on the My/Our financial institution is not required to verify that any debits Compton withdraws comply with this authorizatis withdrawal does not comply with this authorization, or (ii) I/we cancel this authorization. To be reimbursed, I/w dispute after that time must be resolved directly with Compton. I/We have certain recourse rights if any debit doe not authorized or is not consistent with this agreement. To obtain more information on my/our recourse rights, I/w	e date set out on my/our invoice, unless my/our ution or any agreement with Compton. My/Our fi re must complete a declaration form within 90 co is not comply with this agreement. For example	service agreement states nancial institution can rein alendar days of the debit I , I/we have the right to rec	s otherwise. mburse me/us for being posted to m	any debited amount if: (i ly/our account; any
I/We acknowledge that I/we have read, understood and accepted all of the terms and conditions of this Pre-Auth	orized Chequing authorization agreement.			
In case of a joint account, both signatures are required.				
Signature	Date			
Signature	Date			
Please send complete signed form and a void cheque to:				

Fax to:

(905) 985-0010

Email to:

customerservice@compton.net