



Monthly Pre-authorized Payment Form

This service allows a Bell Mobility customer to pay for their monthly bill directly from their bank account or credit card.

Return completed form by fax to 1 877 666-0196 or by mail to Bell Mobility – P.O Box 5102, Burlington, ON, L7R 4R7

Account Holder

Account Holder's Name: _____ Contact Telephone #: _____

Home Address: _____ Bell Mobility Mobile #: _____

City: _____ Province: _____ Postal Code: _____ Bell Mobility Account #: _____

If this is a joint account: both parties' contact information is required – enter 2nd party below

Account Holder's Name: _____ Contact Telephone #: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

These services are for: (check one)

Personal Business

Debit payments: Please complete only if you will be paying directly from your Bank Account.

Financial Institution Name: _____

Financial Institution Address: _____

Transit #: _____

Bank #: _____

Account #: _____

Your name Your address	5925
PAY TO THE ORDER OF _____	\$ _____
Your bank's name Your bank's address	/100 DOLLARS
MEMO _____	
⑈①②③④⑤⑥⑦⑧⑨⑩⑪⑫⑬⑭⑮⑯⑰⑱⑲⑳㉑㉒㉓㉔㉕㉖㉗㉘㉙㉚㉛㉜㉝㉞㉟㊱㊲㊳㊴㊵㊶㊷㊸㊹㊺	

Credit card payments: Please complete only if you will be paying via Credit Card.

Mastercard Visa American Express

Name (as it appears on Credit Card): _____

Credit Card #: _____ Expiry Date: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

I (we), as the account holder(s), authorize Bell Mobility and any other Bell Mobility affiliated companies providing me (us) with services and/or products, (collectively referred to as "Bell Mobility") and my (our) financial institution, to debit, in accordance with the Rules of the Canadian Payments Association, my (our) account at the branch specified above, for the purpose of adding funds to my (our) Bell Mobility account. The information set out above may be sent to Bell Mobility's bank and/or to your financial institution to implement this authorization. Your account will be debited on your pre-established monthly billing date for the amount selected as per the Automatic Payment method above (or such payments may be pursuant to your request in the event of Express Top-Up). The amount of the debit may vary depending on my (our) usage, the balance of my (our) account and the payment plan selected. In addition, the amount of the debit may be affected by the following items: (1) any excess usage charges from the previous billing month or other similar charges; and (2) credit or debit adjustments. Administrative charges may apply in Bell Mobility's discretion for returned or declined payments. This authorization is to remain in effect until Bell Mobility has received written notification from me (us) of its change or termination. This written notification must be received at least 30 days before the next debit is scheduled, at the address above.

I (we) may obtain a sample cancellation form, or more information on my (our) right to cancel a pre-authorized payment agreement at my (our) financial institution or by visiting www.cdnpay.ca.

I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized payment agreement. To obtain a form for a reimbursement claim, or for more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca.

I (we) represent and warrant that: (1) the banking and account information provided above is complete and accurate and I (we) will promptly notify Bell Mobility of any change in such information; and (2) all persons required to authorize withdrawals from the account specified above have authorized the debits to be drawn from the specified account pursuant to this authorization.

Tel: 1-800-667-0123

Signature: _____ Date: _____

Signature: _____ Date: _____

(If this is a joint account, both parties' signatures are required)