



Prepaid Pre-authorized Payment Form

Complete this form to register your bank account for a pre-authorized top up program.

Step 1 - Fill in your information

Name (First, Last): _____

Mobile Phone Number: _____ Home Phone Number (optional): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email (optional): _____ Date of Birth (optional): _____

These services are for (check one): Personal Business

Step 2 - Register your bank account

Bank Name: _____

Branch Address: _____

Transit #: _____

Bank #: _____

Account #: _____



Step 3 - Choose an Automatic Payment Method (Circle your desired top up amount)

Allowance: Tops up your account every month with a fixed amount on a specified date (i.e. 1st of each month) & your funds do not expire.

Automatic top up: Tops up your account with a fixed amount whenever your balance drops below \$5 or your funds expire.

Auto-Allowance: Tops up your account with a fixed amount on a specified date, plus tops up another specified amount when your balance drops below \$5.

Allowance: \$15 \$25 \$50	Automatic Top up: \$15 \$25 \$50	Auto Allowance - Monthly payment \$15 \$25 \$50	Auto Allowance - Funds go below \$5 \$15 \$25 \$50
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Step 4 - Send the completed form

By Fax: 1 (877) 666-0196

By Mail: Attention Top Up Programs, Bell Mobility, 200 Bouchard 2 SW, Dorval, Quebec, H9S 5X5

Once received, the form will be processed within 72 hours, postal delays are not included.

Terms & Conditions:

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.

I (we) have waived my (our) right to receive pre-notification of the amount of the Pre-Authorized Debit (PAD) and agree that I (we) do not require advance notice of the amount of the PAD before the debit is processed.

Please allow at least 48 hours for application of any payments to your Bell Mobility account. Funds must be used prior to deactivation or set expiry date, as unused funds are non-refundable. I (we) will notify Bell Mobility of any changes in my (our) account information or termination of this authorization at least (5) days prior to the next date of the pre-authorized payment. To the extent that the Prepaid Roaming feature is enabled on my (our) account, I (we) agree that all roaming usage may be charged to my (our) account when actually billed even if such charges are billed after termination of this authorization. I (we) understand that delivery of this authorization to Bell Mobility constitutes delivery by me (us) to the above-noted institution. Bell Mobility reserves the right to terminate my enrolment in the program at any time. I have read and understood the terms of this authorization and acknowledge receipt of a copy thereof. I agree that a facsimile of my signature may be used to evidence my acceptance of this agreement.

Tel: 1-888-537-9999

Signature: _____ Date: _____

Signature: _____ Date: _____

(second signature required if joint account requires both signatures)