cci wireless

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PRE-AUTHORIZED DEBIT / CREDIT AGREEMENT

CORRIDOR COMMUNICATIONS INC.

Complete this Letter of Authorization to set up pre-authorized monthly withdrawals from a bank account or credit card. Sign and return the Letter by email to billing@cciwireless.ca, or mail it to our office.

I (we), _____ have acknowledged and agreed to authorize the debiting of the below mentioned bank account / credit card for each amount billed monthly by Corridor Communications Inc. (CCI Wireless) commencing on the 1st day of Month, Year and due on the same day each successive month thereafter until notified otherwise in writing.

This Authorization is the same as if I (we) had signed a cheque or credit card transaction for each debit to be made from my (our) bank account / credit card. I (we) may terminate this Authorization at any time by giving 10 days prior written notice to CCI Wireless.

The financial institution that is being debited is not required to verify that any debits on the bank account / credit card are in accordance with this Authorization.

CCI Wireless will fully reimburse any debit within 60 days after it posts the debit, provided that a sworn Declaration is signed stating one of the following: (a) the debit was not drawn in accordance with this Authorization, (b) the Authorization was properly revoked, (c) the debit was posted incorrectly to the wrong account.

I (we) warrant that all persons whose signatures are required to sign on the bank account / credit card have signed below and have received a copy of this Authorization.

I (we) has certain recourse rights if any debit does not company with this agreement. For example, the Customer has 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 my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca

Complete Section A for pre-authorized bank account withdrawal
OR
Complete Section B for pre-authorized credit card withdrawal.

CCI Account Number: _____
(found on monthly invoice)

SECTION A – FINANCIAL INSTITUTION

Bank Name: _____ Address: _____

Transit #: _____ Route #: _____ Account #: _____
(5 digits) (3 digits) (include all digits)

**Attach a SIGNED & VOID cheque and sign below*

SECTION B – CREDIT CARD INFORMATION

Name on Card: _____
(Must be exactly as shown on card)

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date (MMYY): M M Y Y

_____ _____
Signature Date

_____
Customer Name