Pre-Authorized Debits (PADs) Agreement

1. PAD Type: ☐ Personal ☐ Business

2. CIK Customer Information (Please print clearly)

CIK Account Holder's Name:_____CIK Account or Order ID ☐☐☐☐☐☐☐☐☐

Mailing Address: _____ Postal Code: _____

2. Bank Account Information (please print clearly)

First name of Bank account Holder:_____ Last Name: _____

Financial Institution No. ☐☐☐ Branch Transit No. ☐☐☐☐☐ Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐

Financial Institution (Name): _____ Account Type: Cheque ☐ Savings Account ☐

Branch Address: _____ Postal Code: _____

3. Pre-Authorized Debit (PAD) Details

Please complete the Pre-Authorized Debit (PAD) agreement below.

I/we authorize CIK Telecom Inc, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under provided customer's account(s) with CIK Telecom Inc. I understand that my monthly bill (via email/mail and online from **www.ciktel.com** customer portal) will provide notification of the amount to be withdrawn and the withdrawn will be on 2nd day of each month or next business day due to weekend or holiday reason. The amount to be deducted may vary because of any non-recurring charges including credit or debit adjustments agreed. **I expressly waive any legislative or regulatory requirement for pre-notification of the amount to be withdrawn from my account.**

This authority is to remain in effect until CIK Telecom INC has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

CIK Telecom Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. **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 PAD that is not authorized or is not consistent with this PAD Agreement.**

To obtain form for PAD Cancellation or Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

Authorized Signature of Bank Account Holder	Authorized Signature of Joint Bank Account Holder	Authorized Signature of CIK Customer (if different from bank account holder)
Name (Please print)	Name (Please print)	Name (Please print)
Date	Date	Date

Please mail or fax completed form with **VOID cheque** to: Accounting Department, CIK Telecom Inc, 241 Whitehall Drive, Markham ON, L3R 5G5. Tel: (416)-8481517 **Fax: (416)-9878187**, E-mail: **care.cs@ciktel.com**

Your void cheque with full name and address