



Milk River Cable Club

Box 698, 201 Main Street
Milk River, AB. T0K 1M0
Phone: 403-647-2115 Fax: 403-524-4750

Date: _____

PRE-AUTHORIZED DEBIT PLAN AGREEMENT (PAD)

1. CUSTOMER INFORMATION (PLEASE PRINT CLEARLY)

NAME: _____ ACCOUNT # _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____ ALTERNATE NUMBER _____

2. FINANCIAL INSTITUTION INFORMATION (PLEASE PRINT CLEARLY)

PLEASE **ATTACH A VOID CHEQUE** OR FILL IN THE FOLLOWING:

FINANCIAL INSTITUTION: _____ NAME ON ACCOUNT: _____

ADDRESS: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

ACCOUNT #: _____ TRANSIT #: _____ INSTITUTION #: _____

AUTHORIZED SIGNATURE: _____

3. PRE-AUTHORIZED DEBIT INFORMATION

I _____ authorize MILK RIVER CABLE CLUB and my financial institution to begin deductions as per my/our instructions for monthly regular recurring payments, and/or one-time monthly payments from time-to-time, for the payment of all charges arising under my/our MILK RIVER CABLE CLUB account(s). Regular monthly payments for the amount of services delivered will be debited from my/our specified account on the _____ day of each month. MILK RIVER CABLE CLUB will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until MILK RIVER CABLE CLUB had 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 above. I/we may obtain a sample cancellation form or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca

MILK RIVER CABLE CLUB 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 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 have read and understand the terms of this agreement.

Signature: _____

DATE: _____