

**Please complete the Pre-Authorized Debit (PAD) Plan**

I/we authorize Auracom Internet Services, 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 my/our Auracom account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 12<sup>th</sup> day of each month. Auracom will provide written notice of the amount of each regular debit. I/We authorize Auracom to process any other one-time or sporadic debits on the 12<sup>th</sup> as well, including but not limited to Usage Overages.

This authority is to remain in effect until Auracom Internet Services has received written notification from me/us of its change or termination. This notification must be received in writing at [cancel@auracom.com](mailto:cancel@auracom.com). If I/We cancel a termed plan prior to the terms expiration date, I/We agree to pay any and all early termination fees in accordance with the terms of the agreement. 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](http://www.cdnpay.ca).

Auracom 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 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](http://www.cdnpay.ca)

PLEASE PRINT

DATE: \_\_\_\_\_

Name(s): \_\_\_\_\_ Auracom Account Number: \_\_\_\_\_

Type of Service: Personal \_\_\_\_ Business \_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number (including all zeroes): \_\_\_\_\_

FI Transit (Branch) Number (5 Digits): \_\_\_\_\_ FI (Bank) Number (3 Digits) \_\_\_\_\_

(view sample cheque or re-download this form at <https://www.auracom.net/members/>)

Authorized Signature(s): \_\_\_\_\_

\_\_\_\_\_  
Auracom Internet Services  
Attention: Customer Billing Department  
922 Eglinton Ave West, PO Box 85514  
Toronto, Ontario, M6C 2C2  
Tel: 1-877-688-8127  
E-mail: [customerservice@auracom.com](mailto:customerservice@auracom.com)