FIDO PRE-AUTHORIZED CHEQUING



Pay your account on time, every time.

Go for pre-authorized chequing and your Fido account will be paid automatically every month, directly from your bank account. Payments are made 14 days after the billing date and are recorded on your monthly statement.

To set up pre-authorized chequing from your bank account, please complete this form.

First name				Last name
Home phone number				Fido number
Address				City
Province				Postal code
Fido account number				
Bank name				Bank branch number (1)
Bank number (2)				Bank account number (3)
Bank address				City/Town
Province				Postal code
Look for your personal banking information at the bottom of your personal cheques.	123	(1) Branch number	(2) Bank number	(3) Account number 1 2 3 1 2 3 1
This agreement sutherings Fide Colutions appropried by I	Danna Cam	overio etione Deute evelin	/"Fide") to debit my /e	
I/We acknowledge that this authorization is for the use of Payment Association. I/We acknowledge that providing a	Fido and my	/our financial institution	and is provided in consideration constitutes delivery by	account shown above to pay my/our periodic charges for the provision of wireless goods and/or services. eration of my/our financial institution agreeing to process debits against my/our account as per the rules of the Cana me/us to my/our financial institution. The information above will be communicated to Fido's bank(s) in order to imple uthorization. I/We will promptly notify Fido in writing if there is any change to my/our account information.
This authorization agreement may be cancelled at any tindebit agreement, I/we may contact my/our financial institt Fido may not assign this agreement without providing	ution or visit	www.cdnpay.ca. Cancella	ation of this agreement a	scheduled debit. To obtain a sample cancellation form, or further information on my/our right to cancel a pre-autho pplies only to the method of payment and does not otherwise have any bearing on the contract for Fido goods or sen
I/We understand that: The amount of each payment to be debited from my/our	account refl	ecting charges to my/our	account from the prece	ting billing period will appear on the invoice I/we receive from Fido prior to that debit. I/We agree that Fido may re-
comply with this authorization, or (ii) I/we cancel this auth	ny debits Fide norization. To ny debit does	o withdraws comply with be reimbursed, I/we mu not comply with this ag	this authorization or any st complete a declaration reement. For example, I	igreement with Fido. My/Our financial institution can reimburse me/us for any debited amount if: (i) its withdrawal doe i form within 90 calendar days of the debit being posted to my/our account; any dispute after that time must be we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreer
I/We acknowledge that I/we have read, understood and	-			
In case of a joint account, b	oth si	gnatures are	required.	
				A. Carrier

Please send completed signed form, a recent invoice and a void cheque to:

Date

Fido Solutions c/o Fido Back Office Team, 800 De La Gauchetière Street West, Suite 4000, Montréal, Québec H5A 1K3 Or just fax it at: 1-888-290-3436

Signature

