



## Prepaid Pre-authorized Payment Form

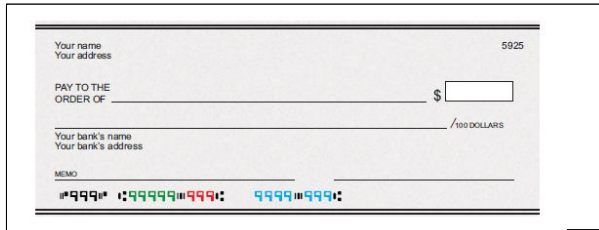
Complete this form to register your bank account for pre-authorized payments.

### Step 1 - Fill in your personal information

Name (First, Last): \_\_\_\_\_  
 Mobile Phone Number: \_\_\_\_\_ Home Phone Number (optional): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email (optional): \_\_\_\_\_ Date of Birth (optional): \_\_\_\_\_

### Step 2 - Register your bank account

Bank Name: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 Transit #: \_\_\_\_\_  
 Bank #: \_\_\_\_\_  
 Account #: \_\_\_\_\_



### Step 3 - Choose a Payment Amount (Circle your desired Allowance or Auto-Allowance Amount).

**Allowance:** Tops up your account every month with a fixed amount on a specified date (i.e. 1<sup>st</sup> of each month).

**Auto-Allowance:** Tops up your account every month with a fixed amount on a specified date (i.e. 1<sup>st</sup> of each month), PLUS tops up another specified amount when your balance drops below \$5 so that you never run out of funds.

**Allowance:**  
 \$15 \$25 \$35 \$50 \$65

OR

**Auto Allowance – Monthly Payment:** \$15 \$25 \$35 \$50 \$65 | **Auto Allowance – Funds go below \$5:** \$15 \$25 \$35 \$50 \$65

### Step 4 - Send the completed form

**By Fax:** 1 (877) 666-0196

**By Mail:** Attention PC mobile Admin. Support Team, 200 Bouchard 2 SW, Dorval, Quebec, H9S 5X5

**Once received, the form will be processed within 72 hours, postal delays are not included.**

### Terms & Conditions:

I/We, as the account holder(s), authorize Bell Mobility Inc. ("Bell"), provider of wireless service for the PC® mobile division of Loblaws Inc. ("PC mobile"), and my/our financial institution, to debit my/our bank account at the branch specified above, for the purpose of adding funds to my/our PC mobile prepaid account under the terms and conditions agreed to by me/us with PC mobile until such time as notice to the contrary is given by me/us to PC mobile.

I/We understand and agree that the information set out above, may be sent to Bell's bank and/or to my/our financial institution to implement this authorization. The amount may vary depending on (a) the balance of the account, (b) the amount of the top-up authorized, and (c) usage and other billable services specifically billed to the account. An administrative charge is applicable against my account for returned or declined payments.

**I/We understand that top-up charges may take up to 48 hours to be processed. Funds must be used prior to deactivation or set expiry date, as unused funds are non-refundable. I/we will notify PC mobile of any changes in my/our account information or termination of this authorization at least 5 business days prior to the next date of the pre-authorized payment.** I/we may obtain a sample cancellation form, or more information on my/our right to cancel a pre-authorized payment agreement at my/our financial institution or by visiting [www.cdnipay.ca](http://www.cdnipay.ca).

I/we expressly waive any pre-notification requirements that may apply to the processing of pre-authorized payments.

I/We warrant and guarantee that: (1) the bank account information provided above is complete and accurate, and (2) all persons whose signatures are required to authorize payments from my/our bank account have authorized the payments to be drawn pursuant to this authorization.

I/We understand that delivery of this authorization to Bell, and PC mobile constitutes delivery by me/us to the institution noted above. PC mobile and Bell reserve the right to terminate my/our enrolment in the Prepaid Pre-authorized Payment program at any time.

I/We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof. I/we agree that a facsimile of my/our signature(s) may be used to prove my/our acceptance of this agreement.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, contact your financial institution or visit "www.cdnipay.ca"

Tel: 1-877-284-6361

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(second signature required if joint account requires both signatures)