

Auto Pay Debit Agreement



I'm a Freedom Mobile Pay After customer and would like my monthly bill to be paid in full by the last payment date noted on my invoice by way of Auto Pay. I understand that all Pay After services under the same account will be pre-authorized and the payment will be reflected on the invoice.

A Pay After phone number on my Freedom Mobile account is: (647) 780-2378

STEP 1: PROVIDE PERSONAL INFORMATION (* Mandatory fields)

First name* Chen Last name* Wang

Unit #* Street #* 110 Street Name* William Bowes Blvd

City* Maple Province* ON Postal Code* L6A 4K4

Email* c_wang_49@yahoo.com

STEP 2: PROVIDE BANK ACCOUNT DETAILS (* Mandatory fields)

Cheque #* Transit #* 00458 Institution #* 003 Account #* 5078621
(No dashes required)

Please fill in the above information exactly as it's shown in the cheque example below. An unsigned cheque marked VOID must be included for verification.

Signature

Bank Stamp Here

If you are attaching a void cheque, bank confirmation is not required.

TERMS & CONDITIONS

Have any questions? Want to cancel/revoke this agreement or make some changes? Please contact us at 1-877-946-3149 or 611 from your Freedom Mobile phone. Please allow at least 5 working days for these changes.

If you're changing your bank account, phone number, or doing any other major changes to your account like switching ownership you're obliged by this agreement to inform Freedom Mobile and cancel your Auto Pay Debit Agreement. Please allow at least 5 working days for these changes.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this personal Auto Pay Debit Agreement. To obtain more information on your recourse rights contact your financial institution or visit www.cdnpay.ca.

Your Name 123 Avenue Street City, Province POSTAL	Date _____
Pay to the order of _____	\$ _____ 100
Your Financial Institution 123 Avenue Street City, Province POSTAL	
MEMO _____	
-001- -12345- 678- 123- 456- 7- Debit# Transit# Institution# Account# (no dashes)	

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STEP 3: SIGN HERE

I've read and understood the terms and conditions of this authorization. I acknowledge that I've received a copy to keep.

Signature(s)*

A handwritten signature in black ink, appearing to read "Jeff Allen".

Date*

A handwritten date in black ink, appearing to read "2013-09-27".

(*For joint accounts, all account holders must sign if more than one signature is required on cheques issued against the account)

STEP 4: RETURN THIS FORM TO US BY MAIL, FAX OR EMAIL

Mail to: Freedom Mobile, 200-3671 Uptown Boulevard, Victoria, B.C. V8Z 0B9

Fax to: 1 (866) 418-4145

Email scanned copy to: backoffice@freedommobile.ca



RBC Royal Bank®

E-FORM 1701 (12/2013)

Set up Direct Deposit / Pre-authorized payment Form

Re: Direct Deposit / Pension

By signing below, I hereby request my payroll to be directly deposited into the account indicated below.

SONGGE LI 110 WILLIAM BOWES BLVD MAPLE ON L6A4K4	YYYY	MM	DD
Client Name and Address			
PAY TO THE ORDER OF	\$		
ROYAL BANK OF CANADA MAJOR MACKENZIE & DUFFERIN B. 1520 MAJOR MACKENZIE DR SUITE VAUGHAN ON L6A 0A9	/DOLLARS		
Assigned Transit Address			
MEMO			
00458 - 003 - 507-862-1 Transit Account Number			

void

Signature

2018/04/27

Date (YYYY/MM/DD)

Please do not write in this area