

## Pre-Authorized Payment

Thank you for your interest in pre-authorized payment from your bank account. Below is an authorization form to have your bank account set-up with an automatic payment withdrawal from your bank or financial institution.

Please keep a copy of the enclosed Terms & Conditions for your records and return the completed authorization form **and** a void cheque to TELUS.

By mail:  
TELUS  
PO Box 2422 Station Main  
Edmonton AB T5J 9Z9

or

by fax:  
Attention: Pre-authorized payment  
Toll-free fax#: 1-877-772-5446

If you have any questions, please call us at 310-2255.

Thank you from TELUS.

Pre-Authorized Debit (PAD) Agreement Call 310-2255 if you need help completing this form.		
<b>1. Client's Information (please print clearly)</b>		
Name:		
TELUS 10-digit phone number:	or TELUS Account Number:	
Street Address:		
City:	Province:	Postal Code:

<b>2. Bank Account Information</b>	
Name of Financial Institution:	
Financial Institution Account Number:	
Transit Number:	Institution Number:

<b>3. Pre-Authorized Debit (PAD) Details:</b>
<p>By signing this Personal PAD Agreement, you, the Payor, authorize TELUS to draw on the bank account identified above for charges for services and products provided with respect to the above noted TELUS Account Number or Telephone Number. You shall inform TELUS, in writing, of any change in information associated with the bank account provide in this authorization at least fifteen (15) business days prior to the next due date of the pre-authorized debit. A pre-printed personalized void cheque must be included with this authorization.</p> <p>You will continue to receive bills for services and products provided with respect to the TELUS Account Number. Receipt of a TELUS bill serves as notice of the date of the debit and the amount to be debited from your account. <b>You acknowledge and agree that the notice may be received less than ten (10) calendar</b></p>

**days before the date of the debit or after the date of the debit. You waive the right to be pre-notified of a change if the amount debited from your account is different than the amount specified on the TELUS bill.**

You may revoke your authorization at any time in writing (send letter of cancellation to: TELUS PO Box 2422 Station Main, Edmonton AB T5J 9Z9 or fax letter of cancellation to 1-877-772-5446), by telephone (contact TELUS at 310-2255) or by visiting the TELUS web site at [telus.com](http://telus.com) subject to providing notice of 30 days. For more information on your right to cancel a pre-authorized debit agreement, contact your financial institution or visit [cdnpay.ca](http://cdnpay.ca). Revocation or termination of this authorization does not terminate any contract for services or products that exists between you and TELUS. This authorization applies only to the method of payment and the amount of the payment, and does not otherwise have any bearing on the contract for services or products including any related terms and conditions.

You have certain recourse rights if any debit does not comply with this PAD Agreement. For example, you 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 your recourse rights, contact your financial institution or visit [cdnpay.ca](http://cdnpay.ca).

Please return the completed form by mail or fax along with a pre-printed personalized void cheque to: TELUS, PO Box 2422 Station Main, Edmonton, Alberta T5J 9Z9 or toll-free fax: 1-877-772-5446.

You understand and agree to all provisions in this authorization. Signature must be completed for request to be accepted by TELUS.

<b>Client's signature:</b>	<b>Date:</b>			
		Day	Month	Year

Please **do not** include any payment with this request. Please continue to make payments until a pre-authorized payment message appears on your TELUS bill.

**Please keep the following Terms and Conditions of this Agreement for your reference.**

By signing this Personal PAD Agreement, you, the Payor, authorize TELUS to draw on the bank account identified above for charges for services and products provided with respect to the above noted TELUS Account Number or Telephone Number. You shall inform TELUS, in writing, of any change in information associated with the bank account provide in this authorization at least fifteen (15) business days prior to the next due date of the pre-authorized debit. A pre-printed personalized void cheque must be included with this authorization.

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