



Pre-Authorized Payment Form

Please print the following form.

Last Name: _____ First Name: _____

Call Select Account #: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Credit Card

I authorize **Call Select** to debit my credit card with the amount due shown on my monthly Call Select invoice or statement:

VISA MasterCard AMEX Card Holder's name: _____

Credit Card No: _____ Expiry Date: _____

Card Holder's Signature: _____ Date Signed: _____

Pre-authorized Debit (PAD) Agreement

These services are for (check one) Personal Business

I authorize Call Select to debit my bank account (**attach void cheque**) for the amount due shown on my monthly Call Select invoice or statement.

Financial Institution Number: _____ Branch Transit Number: _____
(3-digit) (5-digit)

Account Number: _____ Account Holder's Name: _____

Account Holder's Signature: _____ Date Signed: _____

I may revoke my authorization at any time in writing or by phone, subject to providing notice of at least ten (10) business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdypay.ca.

A service charge of \$50.00 will be applied to any declined credit cards or pre-authorized payment charge backs.

Mail or Fax Completed Form to: Call Select Inc, PO Box 48227, 595 Burrard St, Vancouver BC, V7X 1N8
Toll Free: 1-866-638-1001 Fax: 1-866-638-2002 Email: cs@callselect.ca