

## Twincomm Pre-Authorized Debit (PAD) Agreement

### Customer (Payor) Information

Account Holder Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

### Payee Information

Payee Name: \_\_\_ Twin Island Communications (Twincomm) \_\_\_\_\_

Address: \_\_\_\_\_ P.O Box 420, Manson's Landing, BC V0P 1K0 \_\_\_\_\_

Email Address: billing@twincomm.ca \_\_\_\_\_

Phone No.: \_\_\_ 1.866.446.6004 ext 1 \_\_\_\_\_

### Financial Institution Information

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Transit #: \_\_\_\_\_ Bank/Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

### Payment Details

Amount of payment: Fixed \$ \_\_\_\_\_ Variable up to \$ \_\_\_\_\_

**\* Payments will be withdrawn monthly on the first of each month**

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

**YOUR NAME**  
123 YOUR STREET  
YOUR CITY, ONTARIO  
R3B 1E7

725

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ /100 DOLLARS

**YourBank**  
123 THEIR STREET  
YOUR CITY, ONTARIO R3B 1E7

MEMO \_\_\_\_\_

⑈ 725 ⑈ ⑆ 12345 ⑈ 678 ⑆ 12 ⑈ 345 ⑈ 678 ⑈ 9 ⑈

CHEQUE #      TRANSIT #      INSTITUTION #      BANK ACCOUNT #  
(5 digits)      (3 digits)

**Please include a void cheque when submitting your PAD agreement**