

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*** Payments will be withdrawn monthly on the first of each month**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
YOURCITY, ONTARIO
R3B 1E7

725

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ /100 DOLLARS

YourBank
123 THEIR STREET
YOURCITY, 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