城市電訊有限公司
CITY TELECOM (B.C.) INC.

To : _____ Date : _____

Attn : _____ Fax No.: _____

From : _____ Pages : _____(Including this page)

Credit Card Payment Authorization Form – Credit Card Auto-pay

CITI Account Number : _____

CITI Account Name : _____

Billing Address : _____Apt. no. : _____

City : _____Province : _____Postal Code : _____

I hereby authorize City Telecom to debit in paper, electronic or other form on my credit card account as stated below (Please check one):

☐ Visa ☐ Master ☐ Amex

Card Holder's Name : _____

Card Number : _____ Expiry Date: _____

for variable monthly amounts.

This authorization may be cancelled upon one-month prior written notice by me. Any delivery of this authorization to City Telecom constitutes delivery by me.
I understand that validity and the expiration of my Credit Card Payment Service is subject to the expiry date of the captioned credit card.
For verification purpose, your signature MUST be the same as your signature appearing on your designated credit card. Please also attach copy of your credit card (both front and back sides). The outstanding amounts will be debited against your designated credit card on every *8 th* of each month. If *8 th* is a non-working day, the debit will processed on the following working day.

X_____ _____

Credit Card signature Date

Terms and conditions:
I authorize the payee to debit my credit card account as indicated under the terms and conditions agreed to by me with the payee until such times as written notice to the contrary is given. I acknowledge that delivery of my authorization to the payee constitutes delivery by me to the branch of the financial institution at which I maintain a credit card account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does / may not terminate the contract for goods or services exchanged.

I (We) will notify the payee in writing of any changes in the account information of termination of this authorization prior to the next due date of the pre-authorized debit.

Items charge under any of the following conditions will be reimbursed subject to written notification by me to the financial institution within 90 days.

a) I never provided authorization to the payee.
b) The pre-authorized debit was not drawn in accordance with my authorization.
c) My authorization was revoked.
d) The debit was posted to the wrong account due to invalid / incorrect account information supplied by the payee.

I warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

http://www.ctinets.bc.ca
Please mail this form to 1420 Kootenay Street, Vancouver, BC V5K 4R1 or fax to 604-298-8116