



請將本表格寄回 Please mail to 4000 No. 3 Road, #2330, Aberdeen

Square Richmond, BC. V6X0J8

Tel : 604-273-4120 或傳真至 OR Fax : 604-273-0283

or email to 電郵至 vancouver@ctinets.ca

<http://www.ctinets.bc.ca>

To : _____ Date : _____ Pages : _____
From : _____ Tel /Fax : _____

Credit Card Payment Authorization Form 信用卡自動轉賬授權書

CITI Account Number : _____

CITI Account Name : _____

Billing Address : _____ Apt no.: _____

City: _____ Province: _____ Postal Code: _____

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

VISA MASTER AE

Credit Card Holder's Name: _____

Relationship with CITI's account holder: _____

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 Inc. 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.

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- c) My authorization was revoked.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.

NOTE: The outstanding amounts will be debited against your designated credit card on every 8th of each month. If 8th is a non-working day, the debit will be processed on the following working day.