



1. Customer Information (Please Print clearly)

Customer ID:	First Name:	Last Name:	
Address:			
City:	Province:	Postal Code:	Country:
Primary Phone:	Email:	Fax:	
Company:	These services are for (check one) Personal <input type="checkbox"/> Business <input type="checkbox"/>		

2. Bank Account Information

Transit Number:	Bank ID:	Account Number:
Account Holder Name (First, Last)		
Account Type: Chequing <input type="checkbox"/> Savings <input type="checkbox"/>		
Bank Name:	Having trouble determining your bank account information? View Sample Cheque:	
Branch Address:		

3. Pre-Authorized Debit (PAD) Details

I/we authorize Xplornet Communications Inc. ("Xplornet"), and the financial institution designated (or any other financial institution I/we may authorize at any time) to deduct the amount which is equal to the total due on my bill directly from my bank account on the payment due date each month. I understand that my monthly bill will provide notification of the amount to be withdrawn each month. **I expressly waive any legislative or regulatory requirement for pre-notification of the amount to be withdrawn from my account.** The amount to be deducted may vary because of any non-recurring charges including excess usage from the previous month, credit or debit adjustments, or early cancellation fees. A debit may be drawn from my (our) account on or after the due date assigned by Xplornet. Every effort will be taken to meet the same date every month, however, due to unforeseen circumstances, this date could change for a given month.

I/we understand that failure to complete this PAD Agreement may result in additional charges for equipment and equipment retrieval costs plus applicable taxes for which I/we are responsible.

This authority will remain in effect until Xplornet has received notification from me/us of its change or termination. Such notification must be received at least ten (10) business days before the next debit is scheduled. Notification for changes to my/our banking information can be made through accessing my/our account on www.myxplornet.com or by contacting Xplornet Customer Care at 1-866-841-6001. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnipay.ca.

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

I/we agree that my/our personal information may be used by Xplornet in accordance with its Privacy Policy which is available at www.xplornet.com/legal.aspx. The laws of the province governing my Xplornet End User Agreement will govern this Agreement.

SIGNATURE _____	DATE (DD/MM/YYYY) _____
SIGNATURE _____	DATE (DD/MM/YYYY) _____

SEND US A COPY OF THIS FORM SIGNED AND DATED ALONG WITH A VOID CHEQUE. PLEASE KEEP A COPY FOR YOUR RECORDS!

Send to Xplornet Communications Inc. Accounts Receivable using one of the following options:

1. Email to billing@xplornet.com
2. Fax to 1-866-510-2232
3. Mail to P.O. Box 9060, Woodstock NB E7M 6B5

For any questions please contact our Customer Care team at **1-866-841-6001**.