



PRE-AUTHORIZED PAYMENT

1. Contact information (block characters)

Last name:

First name:

Customer number:

Postal address:

City:

Province:

Postal code:

Telephone:

2. Bank account or credit card information

Branch transit number:

Financial institution number:

Deposit account number:

Example:
(bottom of cheque)



Financial institution:

Name:

Branch address:

Credit card:

Visa

MasterCard

American Express

Visa/MasterCard number

American Express number

Expiry date:

Month / Year

Cardholder:

3. Pre-authorized debit (PAD)

You, the payer, authorize ADT Canada Inc. to debit from the above-mentioned bank account or credit card monthly fees of \$_____, taxes not included*, on the _____ day of the month or of the quarterly invoicing cycle.

Invoicing cycle:

Monthly

Quarterly

These services are for:

personal or

business reasons (check one)

You, the payer, may rescind this payment authorization at any time with 30 days' notice to ADT Canada Inc. To that end, please call the number indicated below.

Signature of the bank account or credit card holder:

Signature of the joint bank account or credit card holder (if applicable):

Name:

(block characters)

Date:

Name:

(block characters)

Date:

You have certain rights of recourse if a debit is not compliant with the present agreement. For example, you have the right to receive reimbursement for all debits that are not authorized or are incompatible with the present PAD agreement. To find out more about your rights of recourse and the cancellation of a PAD agreement or to receive a cancellation form, please call your financial institution or go to www.cdnpay.ca.

*Total amounts will vary in accordance with changes in tax rates.

Send the completed form by post or fax:

ADT Canada Inc.
8481 Langelier Blvd.
Montréal, Québec H1P 2C3
T: 1 800 653-9111 - F: 1 888 462-2950