NorthwesTel

Pre-authorized Debit (PAD) Residential Agreement

There are three ways to sign up for pre-authorized payment from your bank account:

By fax complete the application form and fax, along with a void cheque to **1-867-668-8110** (toll-free within Northwestel's operating area)

By email complete the application form and email, along with a scan/photo of a void cheque*, to **customerservice@nwtel.ca**

By mail complete the application form and, along with a void cheque*, return to:

Northwestel
Attention: Customer Care Centre
PO Box 2727
Whitehorse, Yukon Y1A 4Y4

Note: A separate form needs to be submitted for each account requiring a PAD.*Bank stamp on the form in lieu of a void cheque also accepted.

Customer Information

Title (please check one) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name | Middle Initial | Last Name

Street | City | Prov | Postal Code

Daytime Contact Number | Northwestel Account Number | Northwestel Telephone Number

Banking Information

Name of Bank/Financial Institution

Branch Address

Branch Transit No. | Bank Account No. | Type of Account ☐ Savings ☐ Chequing

Account Holder Name (Please Print) | Authorized Signature | Date

Terms and Conditions

I/we authorize Northwestel Inc. and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Northwestel Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the date of the billing cycle each month. Northwestel Inc. will provide 10 days written notice of the amount of each regular debit. Northwestel Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Northwestel Inc. has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided above. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement and my/our financial institution, at cdnpay.ca.

Northwestel Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change the control or otherwise, without providing at least 10 days prior written notice to me/us.

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 more information on my/our right to cancel a PAD Agreement and my/our financial institution, at cdnpay.ca.