

Auto-Pay Form

Pre-Authorized Debit Agreement ("PAD Agreement")

(confidential when complete)

Help us complete your request by providing the information required on this form,
and mail to: Bell Aliant, PO Box 1430 (BS5), Saint John, NB E2L 4K2
Phone: 1 866 425-4268

Your name: _____
(from your Bell Aliant Billing Statement)

Bell Aliant Account Number: _____ Main Telephone Number: () _____

1. Please check one:

- New Auto-Pay enrollment
 Make changes to an existing Auto-Pay

2. Please indicate your payment method:

- Bank Account Debit – [Important! Please enclose a separate, personalized blank cheque marked "VOID"]

Name of Bank or Financial Institution: _____

Transit # _____ Bank # _____ Account Number: _____

- Credit Card – [For Residential Customers Only]

Please provide Credit Card information for one of the below credit card options

VISA / Mastercard (16 digits): _____ Expiry (Month/Year): _____

Card Security Code: _____

American Express (15 digits): _____ Expiry (Month/Year): _____

Card Security Code: _____

3. Withdrawal information:

Payment Amount: In Full To a maximum of \$ _____ /mth.

Funds will be withdrawn from a bank account within twenty one business days of your billing date or charged to a credit card within 3 to 7 days of your billing date.

I hereby authorize Bell Aliant and the financial institution or credit card issuer indicated to release funds for payment of monthly billed charges arising under my account pursuant to the terms and conditions of this PAD Agreement. Monthly billed charges include, but are not limited to, recurring monthly charges, one time charges, usage based charges, service charges, and taxes.

Signature: _____ Date: _____

Daytime contact number (include area code): _____

Terms and Conditions

1. I understand that this authorization to Bell Aliant a division of Bell Canada ("Bell Aliant") is exactly the same as if I authorized the credit card institution or the branch of my bank/financial institution where I keep the bank account. The credit card institution or bank branch will treat every withdrawal or debit as though I had personally directed them to make payments, and will charge the specified amount to my charge the specified amount to my account.
2. I will let Bell Aliant know, in writing, of any of the changes in the credit card or account information or if I choose to end Auto-Pay payments, before the next withdrawal date. Ending my Auto-Pay payments does not cancel my service with Bell Aliant, nor does it end my obligation to pay Bell Aliant in the normal fashion.
3. I understand that the Auto-Pay payments may be drawn on Canadian dollar bank accounts only.
4. I agree that this Auto-Pay Authorization may be:
 - ended by Bell Aliant verbally or by written notice to me at my billing address before the next withdrawal date, OR
 - ended by my written notice or by contacting Bell Aliant before the next withdrawal date. Termination will be effective with my next monthly billing. I may obtain a sample cancellation form, or more information on my right to cancel this PAD Agreement at my financial institution or by visiting www.cdnpay.ca.
5. Bell Aliant will provide me a written and/or online statement of the amount and date of the debit at least ten calendar days before the date of each withdrawal, or where I have indicated an intention to pay with my credit card as indicated above, I hereby waive the right to receive ten (10) days advance notice of the amount of the payment and the withdrawal may be done upon the calculation of the monthly bill, and Bell Aliant can charge the full billed amount to my credit card, or, I can choose to define the maximum debit amount.
6. Items charged to my account will be reimbursed under the following conditions:
 - I never gave authorization to Bell Aliant.
 - The Auto-Pay withdrawal was not debited in accordance with my authorization.
 - My authorization had been ended by me or Bell Aliant.
 - Prior notification of the debit to my bank account was not sent to me.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my financial institution or visit www.cdnpay.ca