

Auto Pay Debit Agreement



I'm a Freedom Mobile Postpaid customer and would like my monthly bill to be paid in full by the last payment date noted on my invoice by way of Auto Pay. I understand that all Postpaid services under the same account will be pre-authorized and the payment will be reflected on the invoice.

A Postpaid phone number on my Freedom Mobile account is: (_____) _____ - _____

STEP 1: PROVIDE PERSONAL INFORMATION (* Mandatory fields)

First name* _____ Last name* _____

Unit #* _____ Street #* _____ Street Name* _____

City* _____ Province* _____ Postal Code* _____

Email* _____

STEP 2: PROVIDE BANK ACCOUNT DETAILS (* Mandatory fields)

Cheque # _____ Transit #* _____ Institution #* _____ Account #* _____

(No dashes required)

Please fill in the above information exactly as it's shown in the cheque example below. An unsigned cheque marked VOID must be included for verification.

Signature



Bank Stamp Here

If you are attaching a void cheque, bank confirmation is not required.

TERMS & CONDITIONS

Have any questions? Want to cancel/revoke this agreement or make some changes? Please contact us at 1-877-946-3184 or 611 from your Freedom Mobile phone. Please allow at least 5 working days for these changes.

If you're changing your bank account, phone number, or doing any other major changes to your account like switching ownership you're obliged by this agreement to inform Freedom Mobile and cancel your Auto Pay Debit Agreement. Please allow at least 5 working days for these changes.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this personal Auto Pay Debit Agreement. To obtain more information on your recourse rights contact your financial institution or visit www.cdnpay.ca.

Your Name
123 Avenue Street
City, Province POS TAL

Date _____

Pay to the order of _____ \$ _____
/100

Your Financial Institution
123 Avenue Street
City, Province POS TAL

MEMO _____

⑆001⑆ <12345⑆ 678⑆ 123⑆ 456⑆ 7⑆
Cheque # Transit # Institution # Account # (no dashes)

Auto Pay Debit Agreement



STEP 3: SIGN HERE

I've read and understood the terms and conditions of this authorization. I acknowledge that I've received a copy to keep.

Signature(s)* _____

Date* _____

(*For joint accounts, all account holders must sign if more than one signature is required on cheques issued against the account)

STEP 4: RETURN THIS FORM TO US BY MAIL, FAX OR EMAIL

Mail to: Freedom Mobile, PO Box 365 Stn. Adelaide, Toronto, ON M5C 2J5

Fax to: 1 (866) 418-4145

Email scanned copy to: backoffice@freedommobile.ca