



Monthly Pre-authorized Payment Form

This service allows a Bell Mobility customer to pay for their monthly bill directly from their bank account or credit card.

Return completed form by fax to 1-800-886-4137 (Ontario, BC, Alberta) or 1-800-888-228-8803 (Quebec) OR by mail to Bell Mobility – P.O. Box 5102, Burlington, ON, L7R 4R7

Account Holder's Name: _____ Contact Telephone #: _____

Home Address: _____ Bell Mobility Mobile #: _____

City: _____ Province: _____ Postal Code: _____ Bell Mobility Account #: _____

(If this is a joint account, both parties' contact information is required – enter 2nd party below)

Account Holder's Name: _____ Contact Telephone #: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

DEBIT PAYMENTS: Please complete only if you will be paying directly from your Bank Account.

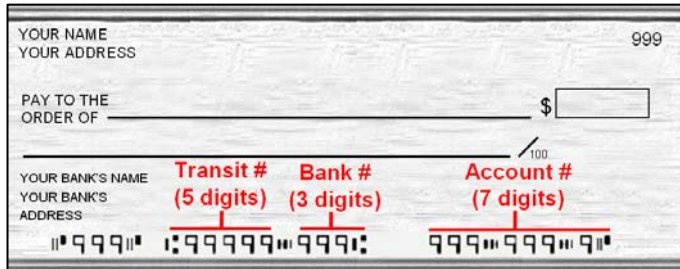
Financial Institution Name (Bank Name): _____

Financial Institution Address: _____

Transit #: _____

Bank #: _____

Account #: _____



➤ If you would like us to verify that you have provided accurate financial information, please include a void cheque along with this completed form.

CREDIT CARD PAYMENTS: Please complete only if you will be paying via Credit Card.

Mastercard Visa American Express

Name (as it appears on Credit Card): _____

Credit Card #: _____ Expiry Date: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

I (we), as the account holder(s), authorize Bell Mobility and my (our) financial institution to debit my (our) account, at the branch specified above or charge my credit card, for the purpose of automatically paying my (our) monthly Bell Mobility statement of account, under the terms and conditions agreed to by me (us) with Bell Mobility until such time as notice to the contrary is given by me (us) to Bell Mobility. An administrative charge is applicable against my account for returned or declined payments. A debit may be drawn from my (our) account or charged to my credit card on or after 18 days following the billing date assigned to me by Bell Mobility. 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. The amount may vary and the details will be identified on my (our) Bell Mobility bill every month. I (we) will notify Bell Mobility of any changes in my (our) account or credit card information or termination of this authorization prior to the next date of the pre-authorized payment.

I (we) understand that delivery of this authorization to Bell Mobility constitutes delivery by me (us) to the above-noted institution. Bell Mobility reserves the right to terminate my enrolment into the program at any time.

Signature: _____ Date: _____

Signature: _____ Date: _____

(If this is a joint account, both parties' signatures are required)