SOLO MOBILE MONTHLY PRE-AUTHORIZED PAYMENT FORM

Automatic Payment Methods are a convenient way to pay your monthly bill. All you need to do is select the payment method that's best for you and fill out this form for pre-authorized payments using your bank account or credit card information.

Return completed form by fax to 1 877 666-0196 OR by mail to Solo Mobile - P.O. Box 5102, Burlington, ON, L7R 4R7.

Fill in your information.

Account Holder					
Account Holder's Name:			Contact Telephone #:		
Home Address:			Solo Mobile #:		
City:	Province:	Postal Code:	Solo Mobile Account #:		

If this is a joint account, please provide the contact information of the second party.

Second Account Holder (if applicable)			
Account Holder's Name:		Contact Telephone #:	
Home Address:			
City:	Province:	Postal Code:	
These services are for (check one): Personal Business			
Debit Payments Please complete only if you will be paying directly from your ba	nk account.		
Financial Institution Name:	Your	name	5925
Financial Institution Address:	PAY	address TO THE	
Transit #:		ER OF	\$
Bank #:	Your	Transit # Bank # Account #	

Account #:

Credit Card Payments Please complete only if you will be paying via credit card.				
Visa Master Card American Express				
Name (as it appears on credit card):				
Credit Card #:		Expiry Date:		
Billing Address:				
City:	Province:	Postal Code:		

Solo Mobile Terms and Conditions

I (we), as the account holder(s), authorize Solo Mobile and any other Solo Mobile-affiliated companies providing me (us) with services and/or products (collectively referred to as "Solo Mobile") and my (our) financial institution, to debit, in accordance with the Rules of the Canadian Payments Association, my (our) account at the branch specified above, for the purpose of paying all amounts owing in connection with my (our) Solo Mobile account (including specifically, the payment of any invoice issued to me by Solo Mobile). The information set out above may be sent to Solo Mobile's bank and/or to my (our) inancial institution to implement this authorization. My (our) account at the services selected. In addition, the amount of the debit may be affected by the following items: (1) any excess usage charges from the previous billing month or other similar charges; and (2) credit or debit adjustments. Administrative charges may apply in Solo Mobile has received witten notification from me (us) of its change or termination. This witten notification must be received at least 30 days before the next debit is scheduled, at the address above. I (we) may obtain a sample cancellation form, or more information on my (our) fight to cancel a pre-authorized payment agreement at my (our) financial institution or by visiting www.cdnpay.ca 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 pre-authorized payment agreement. To obtain a form for a reimbursement claim, or for more information on my (our) right to receive pay in Solo Mobile account information, rad (2) all persons required to authorized or is not consistent with this agreement. To obtain a form the specified above have authorized or the amount of the Pav-Authorized baby level (we) will promptly notify Solo Mobile of any change in such consing may (aury) right to receive reimbursement for any debit that is

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



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