PREAUTHORIZED PAYMENT REQUEST

Mr. Mrs. Ms. Miss.	Surname	First Name	Middle Name
Address:		Town	
Postal Code		Tel. No. Home	Tel. No. Work

Account No.
Account No.

WITHDRAW FROM BANK ACCOUNT:

Name of Financial Institution/Bank				
Branch (City)				City/Town
Postal Code		Transit#	Branch #	Account #

Attach a blank cheque marked "VOID" or have your Financial Institution verify account information and return with this form to:

CityWest
248 3rd Ave W
Prince Rupert, BC **OR FAX 1-866-387-7964**
V8J 1L1

Teller's Stamp

WITHDRAW FROM CREDIT CARD: _____ Visa _____ MasterCard

Card No.	Validation Code:	Expiry Date
Name As Shown On Card:		Email Address:

I/we, the undersigned, authorize CityWest and my/our above noted bank/financial institution to debit my/our account indicated on the attached VOIDED cheque to cover payment to CityWest for outstanding charges for telecommunication and/or cable services provided to me under the terms and conditions set out on this form. I/we acknowledge that this constitutes delivery by me/us to the above noted bank/financial institution.

TERMS & CONDITIONS:

1. I/we will notify CityWest of any changes to my/our account information.
2. I/we will still receive monthly phone bills and will be responsible to pay any amounts outstanding amount each month.
3. Either the customer or CityWest can terminate the agreement upon written or verbal notification by the 15th of the month. Upon termination, payment of bills will be made to CityWest in the normal fashion.
4. Items charged will be reimbursed subject to written notification by me/us to the branch of the bank/financial institution holding my/our account within 90 days under any of the following conditions:
   a. I/we never provided authorization to CityWest
   b. The pre-authorization withdrawal was not drawn in accordance with my/our authorization.
   c. My/our authorization was revoked; and
   d. The debit was posted to the wrong account due to invalid/incorrect account information supplied to CityWest.
5. If insufficient funds are available in the bank account , I/we will be responsible for the NSF charge of $15.00.

** **PAYMENT WILL BE WITHDRAWN ON THE 25TH OF EACH MONTH. IF THIS FALLS ON A WEEKEND OR HOLIDAY, YOUR PAYMENT WILL BE PROCESSED ON THE PREVIOUS OR NEXT BUSINESS DAY.**

X_____ _____

Signature **Date**

Please mail completed form to: CityWest, 248 3rd Ave W, Prince Rupert, BC, V8J 1L1 OR you can fax the form to 1-866-387-7964.