



## Eastlink Pre-authorized Debit Agreement

Eastlink – Customer Payment Services

**Mail:** PO Box 8600, Halifax, NS B3K 5M2

**Fax:** 1-866-531-9456 (toll free)

**E-mail:** [PaymentProcessing@customercare.eastlink.ca](mailto:PaymentProcessing@customercare.eastlink.ca)

Please complete all sections and attach a VOID cheque or bank-issued deposit/pre-authorization form. Your request will not be processed without these documents.

**Submit completed form and VOID cheque via mail, fax, or email.**

### 1. CUSTOMER INFORMATION

Name of Eastlink Account Holder: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Eastlink Account Number(s) \_\_\_\_\_

Type of service:

Personal

Business

Wireless

Request Type:

New pre-authorized setup

Make changes

Cancel

### 2. BANK ACCOUNT INFORMATION

**Bank Account #** \_\_\_\_\_

**Branch/Transit #** \_\_\_\_\_ **(up to 5 digits)** **Institution #** \_\_\_\_\_ **(3 digits)**

I/we authorize my/our financial institution to debit my/our account on (or after) the due date of each invoice for all amounts owing to Eastlink. This authorization is valid for the bank account specified above, or any other account which I/we may designate in the future in lieu of the account specified above. I/we understand that if any payment is returned by the Bank for any reason, I/we will be responsible for NSF and/or administration charges. I understand the first automatic withdrawal will not take place for at least 20 days from Eastlink's receipt of this signed agreement. Any amounts due to Eastlink prior to that effective date must be paid via a one-time payment.

I/we have certain recourse rights if any debit does not comply with this agreement. I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized agreement. I/we may cancel or update this agreement at any time by providing written notice to the address below or by contacting Eastlink at 1-888-345-1111, or Eastlink Mobile at \*611 at least (30) thirty days before the next scheduled withdrawal date. As the payment amount is variable I/we expressly agree to waive any requirement that Eastlink give pre-notification of any payment amount. I further understand that the amount debited from my account may be different than the amount indicated on my monthly Eastlink bill as the amount debited may reflect subsequent transactions.

I also acknowledge that my Eastlink service and pre-authorized payments are subject to Eastlink's Terms of Service found at [www.eastlink.ca/terms](http://www.eastlink.ca/terms).

To obtain a sample cancellation form, or to obtain more information on my/our recourse rights and right to cancel a pre-authorized agreement, I/we may contact my financial institution or visit [payments.ca](http://payments.ca)

Signature of Bank Account Holder:

Signature of Joint Bank Account Holder  
(if applicable):

\_\_\_\_\_

\_\_\_\_\_

Name (Print): \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_