

# 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

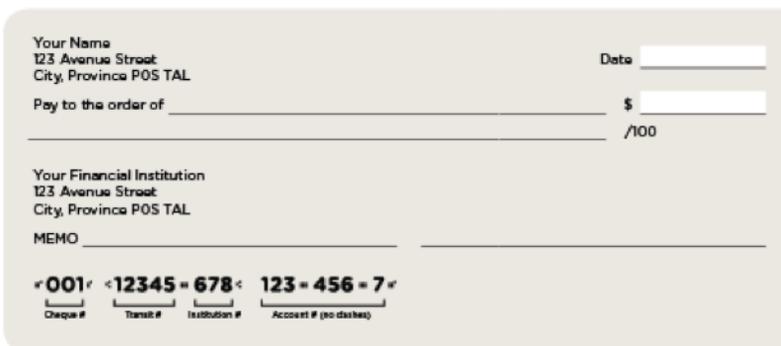
If you are attaching a void cheque, bank confirmation is not required.

## 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](http://www.cdnpay.ca).



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## 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](mailto:backoffice@freedommobile.ca)