



Pre-Authorized Payment Authorization Statement

OFFICIAL AUTHORIZATION FORM

Harmony Mobile Networks offers you the easiest way to pay your bills and save time and money. With the Harmony Mobile Networks' Pre-authorized Payment option, your payment is made automatically on the payment due date.

3 simple steps to get going!

- Step 1: Complete and sign this enrollment/authorization form
- Step 2: Attach a personal bank cheque marked "void".
- Step 3: Mail us this authorization statement and void cheque to our office.

ACCOUNT INFORMATION

First Name _____ Middle Name _____ Last Name _____ Mr/Mrs/Miss/Ms (please circle)

Driver's License _____ Province _____ Date of Birth _____

Social Insurance _____

Day Phone _____ Mobile _____ Fax _____ E-mail _____

Address _____ Apt./Unit# _____

City _____ Province _____ Postal Code _____

This authorizes Harmony Mobile Networks Inc. to debit my/our account shown above to pay my/our periodic charges for the provision of Harmony Mobile Networks Inc. goods and/or services. I/We acknowledge that this authorization is for the use of Harmony Mobile Networks Inc. and my/our financial institution and is provided in consideration of my/our financial institution agreeing to process debits against my/our account as per the rules of the Canadian Payment Association. The information on this form will be communicated to Harmony Mobile Networks Inc.'s bank(s) in order to implement this authorization. All persons whose signatures are required to sign on the account noted above have signed this authorization. I/We will promptly notify Harmony Mobile Networks Inc. in writing if there is any change to my/our account information. This authorization may be cancelled at any time with at least 30 days prior written notice to Harmony Mobile Networks Inc. Cancellation of this authorization applies only to the method of payment and does not otherwise have any bearing on the contract for Harmony Mobile Networks Inc.'s goods or services. I/We waive pre-notification of the amounts and dates of any sporadic debits from my/our account. I/We understand that: I/We will receive written notice of the initial amount to be withdrawn from my/our account, and prior written notice of any changes in the amount to be withdrawn. My/Our financial institution is not required to verify that any debits Harmony Mobile Networks Inc. withdraws comply with this authorization or any agreement with Harmony Mobile Networks Inc. My/Our financial institution can reimburse me/us for any debited amount if: (i) its withdrawal does not comply with this authorization (ii) I/we cancel this authorization. To be reimbursed, I/we must complete a declaration form within 90 calendar days of the debit being posted to my/our account; any dispute after that time must be resolved directly with Harmony Mobile Networks Inc.

BANK ACCOUNT INFORMATION

Bank Name _____ Branch Number _____
e.g. 12345

Bank Institution Number _____ Bank Account Number _____
e.g. 003 e.g. 1234567

Bank Address _____

City

Province

Postal Code

I/We acknowledge that I/we have read and understood all of the terms and conditions of this Pre-Authorized Payment Authorization. **A sample cheque marked VOID has been enclosed.** Signature and date required below.*

Customer Signature (account holder 1) _____ Date _____

Customer Signature (account holder 2, if applicable) _____ Date _____

OFFICE USE ONLY

IMEI _____ BAN _____ SIM1 _____

SIM2 _____ CSR _____ SALES REP _____

DATE _____ AC _____