

PRE AUTHORIZED PAYMENT AUTHORIZATION

I/ We the undersigned hereby authorize the North Frontenac Telephone Company to withdraw the AMOUNT DUE on my/our monthly phone bill from my/our financial institution on the 25th day of each month.

NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

CITY/TOWN: _____ **PROV:** _____ **POSTAL**
CODE _____

BANK: _____

ACCOUNT
NUMBER: _____
IF YOUR ACCOUNT IS A JOINT ACCOUNT ALL SIGNATURES ARE REQUIRED.

SIGNATURE: _____

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SIGNATURE: _____

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VISA OR MASTERCARD

(CIRCLE ONE)

CARD NUMBER: _____

EXPIRY DATE: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____