



Change Payment Option Form
Personal Information

Account No. Customer Name Tel No.

Payment Options (Please choose ONE of the following options)

Pre-Authorized Credit Card Payment

Credit Card [ ] Visa [ ] Master [ ] AE

Credit Card Number Expiry Date (MM/YY) Card Holder Name

I hereby authorize World-Link Communications Inc. to debit the amount of my monthly phone bill from this credit card.

X

Signature of Card Holder Date

Pre-Authorized Debit (PAD) Payment

Account Holder Information

Salutation First Name Last Name

Company Name (for business account)

Home Phone Number Business Phone Number Account Number

Address(Street Number and Name) City Province Postal Code

Type of Service Email [ ] Business [ ] Personal

Financial Institution Information (Please enclose a blank cheque marked VOID for office use only)

Bank Name

Branch Number (5 digits) Bank Number (3 digits) Account Number

Bank Address

I/We, as account holder(s), authorized World-Link Communications Inc. to debit my/our bank account, specified above, for payment of all charges arising under my/our World-Link accounts.

I/We acknowledge that the amount to be debited against my/our Account will vary in accordance with variations on my/our monthly usage.

This authority is to remain in effect until World-Link Communications Inc. has received written notification from me/us of its change or termination. This notification must be received at least fifteen (15) days before the next debit is scheduled at the address provided below.

I/We waived pre-notification of the amounts and dates of any variable debits from my/our account.

I/We have certain recourse rights if any debit does not comply with this PAD authorization form. For example, I/We have the rights to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD authorization form.

I/We acknowledge that, in the event of a non-negotiable payment (e.g. NSF or account closure), I/We will be liable to a charge of \$25.

X

Signature Date

X

Signature (if applicable) Date

By signing this form I agree to World-Link's Terms and Conditions. I authorize World-Link to obtain or exchange personal information with any agent towards establishing or verifying my credit.

Please fax, email or mail the completed form with a void cheque to:

(Fax No.): 905-513-3097, 1-855-513-3097

(Email): accrec@wlink.ca

(Mailing Address): 340 Ferrier Street, Suite 200, Markham, Ontario, Canada L3R 2Z5