
AUTOMATIC PAYMENT PLAN CUSTOMER AUTHORIZATION FORM

To enroll in the Automatic Payment Plan, complete this application and submit to Quadro Communications Co-operative Inc., either by mail to PO Box 101 Kirkton ON N0K 1K0, or fax to 519-229-8998. Payment of your Quadro bill will be drawn from your Chequing Account or charged to your Credit Card account each month on the due date (28th).

Name on Bill: _____

Telephone Number: _____ Account number: _____

Select One of the Following Options and Complete Details as required:

VISA MasterCard

Card Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiry Date |_|_|/|_|_|

Chequing Account (**please send copy of cheque marked 'VOID'**)

I hereby authorize the financial institution/credit card company indicated above to debit/charge my account for payment of my Quadro bill. This authorization will remain in effect until Quadro receives written notification from me or until Quadro sends me notice of termination.

Signature

2nd Signature-if required on chequing account