



Credit Card Direct Debit Authorization

Yes, I authorize Bravo Telecom to make direct debits from my Credit Card for the payment of its services related to the account below

1. Account holder information

Account number ACC	
Name of the account holder	
Home phone number	Mobile phone number
Billing address	
City / Province	Postal code

2. Card Owner information :

First and last name											
Home / Mobile phone number	Email Address										
Name of card Owner (As it appears on the card)											
Type of credit card (Check)											
<table border="1"> <tr> <th>Visa</th> <th>Visa Debit</th> <th>Master Card</th> <th>Master Card Debit</th> <th>Others</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Visa	Visa Debit	Master Card	Master Card Debit	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visa	Visa Debit	Master Card	Master Card Debit	Others							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Card number (last 4 digits only) XXXX XXXX XXXX _ _ _ _	Expiration date MM/YY										
Postal code of the card Owner	Credit card billing address + Postal Code										

3. Consent :

As the credit card holder, I authorize Bravo Telecom to automatically deduct the costs of its services from my account cited above, each month, in accordance with the rules of the Canadian Payments Association.

This authorization will remain in effect until Bravo Telecom receives written notice from me for a modification or cancellation. This written notice must be received by the beneficiary at least 30 days before the date of the next debit.

Signature of the Credit Card holder :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date (mandatory)		

Please send this authorization, duly completed and signed, by email to sac@bravotelecom.com, by hand or by mail to 6001 Jean Talon Est, Montreal, H1S 1M5

Billing support