



## Pre-authorized Direct Debit Authorization

|                 | Yes, I would like to be signed-up for the E   | 3ravo Telecom's pre-authorized de  | bit service for the payment of its service                             | ces related to the | account below |    |
|-----------------|---|------------------------------------|--|--------------------|---------------|----|
| 1. Accou        | nt holder information :   |                                    |  |                    |               |    |
| Account i       | number  |                                    |  |                    |               |    |
| Name of         | the account holder  |                                    |  |                    |               |    |
| Name of         | the account notice  |                                    |  |                    |               |    |
| Home ph         | one number  |                                    | Mobile phone number  |                    |               |    |
| Billing ad      | ldress  |                                    |  |                    |               |    |
| Ditting ad      | iui C33   |                                    |  |                    |               |    |
| City / Province |   |                                    | Postal code  |                    |               |    |
|                 |   |                                    |  |                    |               |    |
| 2. Financ       | cial institution :  |                                    |  |                    |               |    |
| 3. Amou         | nts to be debited:  There are two kinds of direct debits to be  1. Recurring direct debits related to the f  2. Sporadic direct debits that must be sul available on the Bravo Telecom's portal.  | fixed monthly plan and for which r | no prior notice is required.  invoices for recurring monthly subscript |                    |               |    |
|                 | Fixed monthly fee   | \$                                 | (taxes included)   |                    |               |    |
| 4. Conse        | ntement :   |                                    |  |                    |               |    |
|                 | As the account 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.  I certify that the above information relating to my bank account is complete and correct, and I undertake to promptly inform Bravo Telecom of any modification. |                                    |  |                    |               |    |
| Signature       | e of bank account holder (s):   |                                    |  |                    |               |    |
| Х               |   |                                    |  | YYYY               | MM            | DD |
| Signature       |   |                                    | Date (mandatory)   |                    |               |    |
|                 | 1   |                                    |  | YYYY               | MM            | DD |
| X               |   |                                    |  | IIII               | IVVV          |    |
| X<br>Signature  |   |                                    | Date (mandatory)   | 1111               | MM            | 00 |

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