



**Islandnet.com**

#101-777 Goldstream Avenue Victoria B.C. Canada V9B 2X4  
Phone/Fax: 1-250-383-0096 or 1-800-331-3055

## Monthly Automated Payment Authorization Form

This form authorizes the payee (Island Net AMT Solutions Group Inc.) to debit your credit card (Visa, MasterCard, American Express, or JCB) or bank account for any and all fees, recurring or otherwise, relating to your account(s) on a monthly basis.

I (we) authorize Islandnet.com to charge my (our):  credit card  void cheque

For the account(s) \_\_\_\_\_

### If you have selected to pay by credit card:

I (we) authorize the payee to debit my (our) credit card as indicated below the variable amount "  X  ", with "variable amount \$X" being stated on a statement mailed or e-mailed to me (us), under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

Credit card number: \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_

Name on the card: \_\_\_\_\_

Billing name/address: \_\_\_\_\_

### If you have selected to pay via void cheque:

I (we) authorize the payee to debit my (our) account as indicated on the attached void cheque the variable amount "  X  ", with "variable amount \$X" being stated on a statement mailed or e-mailed to me (us) 10 days before the debit date, under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

### Date and Sign:

I (we) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods and services exchanged

I (we) consent to the disclosure of any personal information that may be contained in this authorization to the financial institution that holds the account of the payee to be credited with the debit to the extent that such disclosure of personal information is directly related to and necessary for the proper application of rule H1 of the Rules of the Canadian Payments Association.

I (we) will notify the payee in writing of any changes in the account information or termination of this authorization 30 days prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

1. I (we) never provided authorization to the payee.
2. The pre-authorized debit was not drawn in accordance with my (our) authorization.
3. My (our) authorization was revoked.
4. The debit was posted to the wrong account due to invalid / incorrect account information supplied by the payee.

I (we) agree to pay a fee of \$20.00 CDN for each transaction that is refused by my (our) financial institution for insufficient funds (NSF).

I (we) acknowledge that I (we) have read and understood Islandnet.com's Terms of Use and Privacy Policy as available via the <http://helpdesk.islandnet.com/> site.

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed the agreement.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_