



Pre-Authorized Debit Agreement (PAD)

I/we authorize Westman Communications Group, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly payments and/or one-time payments from time to time, for payment of all charges arising under my/our Westman Communication Group account(s). Monthly payments for the full amount of services delivered will be debited to my/our specified account on the 10th calendar day after the statement date or the next available business day. **As the payment amount is variable I/we expressly agree to waive any requirement that Westman Communications Group give pre-notification of any payment amount.** I further understand that the amount debited from my account may be different than the amount indicated on my monthly Westman Communications Group bill as the amount debited may reflect subsequent transactions.

I acknowledge that my Westman Communications Group service and pre-authorized payments are subject to Westman Communication Group’s Terms of Service found at www.westmancom.com and I/we understand that if any payment is returned by the Bank for any reason, I/we will be responsible for NSF and/or administration charges as per Westman Communications Group’s Terms of Service found at www.westmancom.com.

I/we have certain recourse rights if any debit does not comply with this agreement. I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized agreement. I/we may cancel or update this agreement at any time by providing written notice to the address below or by contacting Westman Communications Group at the phone number listed below at least (10) ten days before the next scheduled withdrawal date.

To obtain a sample cancellation form, or to obtain more information on my/our recourse rights and right to cancel a pre-authorized agreement, I/we may contact my financial institution or visit www.cdnpay.ca.

ACCOUNT HOLDER INFORMATION:

Name of Account Holder(s): _____ Account Number: _____

Type of Service: Personal _____ Business _____

Authorizing for: New Setup _____ Change of Setup _____ Cancel Authorization _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

FINANCIAL INSTITUTION INFORMATION:

I acknowledge and authorize that payments will be applied to Account Holder’s account and that the name on the Bank Account is (please check one):

_____ the same or _____ different than the account to which payments will be applied.

Financial Institution (FI): _____

Authorized Signature(s): _____ DATE: _____

Print Name(s): _____

Please enclose a VOID cheque or validated bank account documentation from your Financial Institution with this completed form.

Contact:

**Westman Communications Group
1906 Park Avenue, Brandon Manitoba R7B 0R9**

**Phone: (204) 725-4300
Toll Free: 1-800-665-3337**