

**PERSONALLY APPROVED PAYMENT SERVICE**

THE UNDERSIGNED HEREBY AUTHORIZE(S) HURON TELECOMMUNICATIONS CO-OPERATIVE LIMITED to draw monthly cheques or prepare debits, by paper or electronic entry, covering payments due by the undersigned to HURON TELECOMMUNICATIONS CO-OPERATIVE LIMITED for monthly "INVOICES".

TELEPHONE NUMBER \_\_\_\_\_

Mr _____ Mrs _____	Miss _____ Ms. _____	First Name	Initials	Family Name
ADDRESS	CITY	PROVINCE	POSTAL CODE	
TYPE OF ACCOUNT		ACCOUNT NO.		
SAVINGS <input type="checkbox"/>	CURRENT <input type="checkbox"/>	CHEQUING <input type="checkbox"/>		
THE UNDERNOTED FINANCIAL INSTITUTIONS IS HERBY AUTHORIZED TO PAY AND DEBIT THE ACCOUNT OF THE UNDERSIGNED				
NAME OF FINANCIAL INSTITUTION		BRANCH		
ADDRESS	CITY	PROVINCE		

1. All amounts payable to HURON TELECOMMUNICATIONS CO-OPERATIVE LIMITED drawn on or directed to you by a chartered bank on behalf of HURON TELECOMMUNICATIONS CO-OPERATIVE LIMITED.
2. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
3. This authorization maybe cancelled at any time upon written notice.
4. Any delivery of this authorization to you constitutes delivery by the undersigned.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AS YOU SIGN YOUR CHEQUE

\*\*\*NOTE: To ensure accuracy, please enclose a specimen cheque marked "VOID".

For a joint account depositors must sign if more than one signature is required on cheques issued against the account.