



Application for Pre-authorized Payment Plan

#300, 5819 2 St. SW, CALGARY, AB T2H 0H3
 (403) 242-4057, 1-866-FIGMENT (344-6368), Fax: (403) 242-0757

Section A – Applicant's personal information				
Title (e.g. Mr, Mrs, Miss, Ms, Dr)	Surname	First Name	Middle Name	
Mailing Address				
City		Province	Postal Code	
Area Code	Home phone number	Area Code	Work/Cellular phone number	Extension
Email Address				
Type of Service: Personal <input type="checkbox"/> Business <input type="checkbox"/>				
It is your responsibility to notify Figment Cablesystems Inc. of any changes affecting your account, such as contact or address changes.				

Section B – Applicant's bank account information (check one)		
<input type="checkbox"/> Chequing account	<input type="checkbox"/> Chequing/Savings account	<input type="checkbox"/> Savings account
Please note: If you are submitting third party bank information, a Third Party Payment Application for Pre-authorized Payment Plan must be completed.		

IMPORTANT – Attach "void" cheque or other bank documentation to this application

Section C – Authorization	
<p>I/We authorize Figment Cablesystems Inc. and the financial institution designated in section "B" above (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Figment Cablesystems Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the monthly anniversary of the service installation date or as otherwise directed. Figment Cablesystems Inc. will provide 10 days written notice of the amount of each regular debit. Figment Cablesystems Inc. will obtain my/our authorization for any other one-time or sporadic debits. Pre-authorized payments declined for insufficient funds will be assessed an NSF fee of \$20.00, and the account will immediately be considered to be in arrears until full payment is received.</p> <p>This authority is to remain in effect until Figment Cablesystems Inc. has received written or verbal notification from me/us of its changes or termination. This notification must be received at least twenty-one (21) business days before the next debit is scheduled at the address or contact number provided above. Cancellation of this authorization does not terminate my/our service; it only affects my/our method of payment. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.</p> <p>I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.</p> <p>I/We consent to the disclosure of any personal information that may be contained on this application, to Figment Cablesystems Inc.'s bank, as far as any such disclosure of personal information is directly related to and necessary for the proper application of the rules of the Canadian Payment Association. I/We acknowledge that I/we have read, understood, and agree to all provisions contained within this application. I/We declare that all persons whose signature(s) are required or authorized to sign on the bank account specified have signed below.</p>	
<p>If the bank account identified above requires two signatures, both parties must sign below:</p>	
<p>_____</p> <p>Signature of bank account holder</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Signature of bank account holder</p>	<p>_____</p> <p>Date</p>