

Adroit Technologies (ATWS)

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ADROIT TECHNOLOGIES (ATWS) PRE-AUTHORIZED PAYMENT FORM

□ New Enrollment	□ Change in Authorization	□ Cancellation of	Authorization as of	_
CREDIT CARD AND CUSTOMER INFORMATION (Please Print Clearly)				
	Technologies to debit my cr ts, and any mistakes to be c		mount shown on monthly invoices or e same credit card.	
ORGANIZATION:				
PHONE:	EMAI	L:		
ADDRESS:				
CITY:	PR	OV:	POSTAL CODE:	
CARD HOLDER'S	S NAME:			
CARD NUMBER:				
EXP (MM/YY): _	_ CV2: _		□ VISA □ MASTERCARD	
CARD HOLDER'S	S SIGNATURE:			
DATE SIGNED: _				
I may revoke my auth	norization at any time in writing h	v mail or email subia	ect to providing notice of at least thirty (30) by	ııeinas

I may revoke my authorization at any time in writing by mail or email, subject to providing notice of at least thirty (30) business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

A service charge of \$45.00 will be applied to any declined credit card or pre-authorized payment chargebacks.