

ICS Courier

Please complete the Pre-authorized Debit (PAD) Plan agreement below.

I/we authorize Information Communication Services (ICS) Inc.(ICS Courier)and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instruction for regular recurring payments of all charges arising under my/our ICS Courier account(s). Regular payments for the full amount of services provided will be debited to my/our specified account on the due date printed on your invoice or following business day. ICS Courier will provide notice on your invoice of the amount of each debit to your account.

This authority is to remain in effect until ICS Courier has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided below. 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

ICS Courier may not assign this authorization, whether directly or indirectly, by operation of law, change or control or otherwise, without providing at 10 days prior written notice to me/us.

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

PLEASE PRINT

DATE: _____

Purpose: Business _____ Personal _____

Name(s): _____ ICS Courier Account Number: _____

Address: _____

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

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

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____
(branch – 5 digits; FI – 3 digits)

Address: _____

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

Authorized Name (s): _____

Authorized Signature(s): _____

ICS Courier
Attention: Billing Department
PO Box 72
Aylmer PO Main
Ontario N5H 2R8
Tel: 1-888-427-8729 (press 2 for billing)
E-mail: billing@icscourier.ca