



Electronic Funds Transfer Authorization – Bank Withdrawal

Please fax this completed form (without cover sheet) to (403) 770-7449

Shift Client Name: _____ (the "Client")

- 1) The Client named above hereby authorizes Shift Networks 2008 Inc. ("Shift") to issue Pre-Authorized Payments (PAP) drawn on our account the billing due date of each month, covering monthly telephone service and other payments due by the Client to Shift. This amount may be increased/decreased as required by the client contract with Shift and the monthly payments payable in accordance with the client contract.
- 2) The account on which Shift is authorized to draw is indicated below. A specimen cheque has been marked "VOID" and is attached at the bottom of this form:

Account Holder Name

Address

Name of Banking Institute

Branch

Account Number

- 3) The Client undertakes to inform Shift of any change in the account or address information provided in this authorization within fifteen (15) days after the change occurs. If the account is transferred to another financial institution, this authorization becomes null and void on the date of the transfer and it will be necessary to provide a new authorization to Shift.
- 4) The Client acknowledges that delivery of this authorization to Shift constitutes delivery by the Client to the above financial institution.
- 5) The Client warrants that all persons whose signatures are required to sign on this account have signed this agreement below.
- 6) The Client agrees that the information contained on this form may be disclosed to Shift's banking institution as required to complete any PAP or transaction.

I agree to all of the above.

Signature

Name & Title

Date

ATTACH A VOID CHEQUE BETWEEN THESE LINES