



Electronic Funds Transfer Authorization – Credit Card

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

Shift Client Name: _____

- 1) The Cardholder named below 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:

Full Name on Credit Card

Type of Card (Visa, AMEX, Mastercard)

Card Number

Expiry Date

CVC (Card Verification Code)

(this is the 3 digits on the back of a Visa or Mastercard after the card number or the 4 digits printed on an American Express card above the card number)

- 3) The Client and the Cardholder undertake 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 and the Cardholder acknowledge that delivery of this authorization to Shift constitutes delivery by the Client and the Cardholder to the above financial institution.
- 5) The Client and Cardholder warrant that all persons whose signatures are required to sign on this account have signed this agreement below.
- 6) The Client and Cardholder agree 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.

Full Name on Credit Card:

Signature of Cardholder

Date