

ID Code 713



Application for Payment Services

GENERAL CUSTOMER INFORMATION

Company Legal Name:		Business Number BN:	
Company Name to Appear with Payment Details (if different from above):		Business Phone Number: ()	
Company Address:		City:	Province: Postal Code:
Company Mailing Address (if different from above)		City:	Province: Postal Code:
Payroll Software Used:		Accounting Software Used:	

Type of Business:	Length of Time in Business:	Services Requested:	<input type="checkbox"/> Bill Payment	<input type="checkbox"/> Payroll Direct Deposit
-------------------	-----------------------------	---------------------	---------------------------------------	---

CURRENT BANKING INFORMATION (As agreed below, all transactions generated by you will be debited or credited to this bank account.) --Include a Void Cheque--

Bank:	Transit Number:	Bank ID:	Account Number:
Banking Since (date):	Account Manager Name:		Phone Number: ()

CONTACT INFORMATION

Senior Company Officer:		Primary User of Services:	
Position:	Phone Number: ()	Cell Number: (after hours contact) ()	Position: Phone Number: ()
Contact Method Preferred:	<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax ()	Company Web Site:	

CUSTOMER PAYMENTS

Would you like to be registered to receive payments from your customers via TelPay? Yes
(Please attach a void cheque for the account to which you would like these payments credited, if different from above.)

TERMS AND CONDITIONS (By signing below, you certify that the statements above are true and complete and accept the conditions below.)

On behalf of the company identified above, I/we hereby request and authorize TelPay Incorporated to process payments (as directed by you), debit service charges and license fees authorized by the company from the bank account specified above. Notice of cancellation of this authorization may be made by the company at any time, however, such notice shall not have any effect on transactions made prior to cancellation. To enter and/or transmit payment instructions to TelPay, our personnel will use a Personal Identification Number (PIN), which they will be required to keep confidential. The use of the TelPay Payment Service and the authorization of TelPay Incorporated to debit our account is subject to the terms of the TelPay Payment Services and License Agreement, acceptance of which is required prior to using the TelPay Payment Software.

I/we authorize TelPay to make inquiries with financial institutions regarding the bank account(s) provided for the purpose of executing transactions, and for these financial institutions to release information to TelPay deemed necessary in connection with the establishment and maintenance of TelPay's payment services. It is warranted by the company that the signature(s) appearing below is/are authorized signing officer(s). It is further warranted that the number of signatures below is the number required by the company to authorize banking transactions.

	Authorized Signature(s) of Account Holder(s)	Print Name / Title	Date	e-mail
1.				
2.				

PLEASE ATTACH OR FAX A VOID CHEQUE WITH THIS APPLICATION

Mail to: **TelPay Incorporated**
298 Garry Street
Winnipeg, MB R3C 1H3

or Fax to: (866) 396-2548
Customer Service: (800) 665-0302
www.telipay.ca