



CLIENT AUTHORIZATION FOR AUTOMATIC ACCOUNT WITHDRAWALS

For the convenience of making payments automatically every month from your financial institution account, please complete this form and send it to TELUS. **NOTE:** A void personalized cheque pre-printed by your financial institution with your name and address must be provided along with this application.

AUTHORIZATION

By signing this form, the client permits TELUS and the client's financial institution to debit (that is, withdraw money from) the client's financial institution account identified below to pay for goods and services purchased from TELUS with respect to the Mobility phone number or Mobility client account number identified below or any other number or account designated later by the client. To permit TELUS to debit the client's account, TELUS and the client's financial institution require the signed permission of all the holders of this account whose signatures are necessary to sign a cheque drawn on the account. TELUS may send this form and the personal information on it to its bank and to the client's financial institution. There are no maximum debit amounts.

PROCESS

The TELUS bill will include the amount and date of each debit. Your next bill will remain as a standard payment. Pre-authorization will show on your invoice beginning with the next billing period.

PAPER BILL SUPPRESSION

Clients that sign up for pre-authorized monthly payments will not receive a paper bill summary in the mail. It is the client's responsibility to create an account at www.mytelusmobility.com, check the site regularly and subscribe for e-bill notifications. To subscribe and receive notifications when your bill is available, register your account on www.mytelusmobility.com, then select, "go paperless". The client will have "received" the client's bill, and applicable late payment charges will begin to accrue, when TELUS posts the client's bill at www.mytelusmobility.com. The client waives pre-notification of the amounts and dates of debits from the client's account. Clients subscribing to detailed billing will continue to receive a paper bill in the mail.

REIMBURSEMENT OF DISPUTED DEBITS

The client's financial institution need not check that any debit has been authorized by the client. The client may dispute a debit which was not authorized for which the client's authorization was revoked. To be reimbursed, the client must sign a declaration to its financial institution within: (i) 90 calendar days after the debit if for consumer goods or services; or (ii) 10 business days after the debit if for commercial goods or services. After the end of the applicable period, the client may settle any debit dispute solely with TELUS and not the client's financial institution.

ACCOUNT INFORMATION - ACCURATE AND UP TO DATE

All account information on this form shall be accurate and the client shall inform TELUS, in writing, of any change in its account information at least 10 business days prior to the bill date.

REVOCAION OF AUTHORIZATION

The client may revoke this authorization at any time by sending a written notice of revocation to TELUS. Such revocation shall not end or alter any contract that exists between the client and TELUS.

ENGLISH LANGUAGE

The client and TELUS expressly wish that this authorization and any related documents are written and signed in English.

PLEASE CALL 1-866-558-2273 FOR ASSISTANCE IN COMPLETING THIS FORM.

Mobility Phone No.	<input type="text"/>	-	OR	Mobility Client No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial Institution Name	<input type="text"/>	Financial Institution Account No.	<input type="text"/>
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Transit No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Institution No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must attach a pre-printed personalized void cheque!

The client understands and agrees to all provisions in this Authorization. Signature must be completed for debit.

Client Name

Please Print Name

Client Signature

Date	DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mail completed signed form along with a void cheque to:

ATTENTION: TELUS Client Payment Services, Box 2990, Station Terminal, Vancouver, BC V6B 3X4

Local fax: 604-320-4011 Toll free fax: 1-800-332-8409