



Pre-Authorized Payment Plan

1. How to Start the Process

Please complete the Authorization Agreement For ACH Payments/Debits form (attached) and include a VOID cheque.

Please send a copy of the form and void cheque via

Email: billing@intouchlink.net

or

Fax: 1877-784-6868

2. Timing of Amounts to be Withdrawn

Regular recurring payments such as subscriptions will be withdrawn from your account on the first day of the month for the month ahead. If the first of the month falls on a weekend or a holiday, the payment will be withdrawn on the next business day.

If you have questions regarding ACH, please call the billing team on 1-877-784-6868, option 3 or email billing@intouchlink.net.



AUTHORIZATION AGREEMENT FOR ACH PAYMENTS/DEBITS

Please select one of the following:

Apply for a Pre-authorized Payment Plan

Change information on existing Pre-authorized Payment Plan

Company Name: _____

Contact Name: _____

Address: _____

Email Address: _____

Phone Number: _____

I/We hereby authorize: _____ (Name of Financial Institution)

to debit my account for:

\$_____ hardware costs (one time withdrawal) to be withdrawn on ___ / ___ / ___

\$_____ monthly subscription payments to commence monthly on ___ / ___ / ___

Should any such debit(s) be returned as NSF or Uncollected Funds, I(we) authorize InTouchLink US Inc. to collect such debit(s) electronically and to subsequently collect a Returned Item Fee of \$25.00 per item, electronically from the same account identified below.

This authorization is to remain in full force and effect until InTouchLink has received written notification from me of its termination in such time and in such manner as to afford InTouchLink a reasonable opportunity to act. Notice of revocation of authorization should be sent via email or fax as listed below.

Signature: _____ **Date:** _____

Authorized Company Signatory

(dd/mm/yy)



Account Details

Please provide a void cheque (preferable) or fill out the details below:

Financial Institution Name:

Account Holder's Name (s)

Branch Address

City

State

Routing Number

Account Number

Date (dd/mm/yy)

SIGNATURE 1

SIGNATURE 2

Please Note:

All signatures must appear on this form if more than one signature is required on cheques issued against this account.

The completed form along with a VOID cheque may be:

- **Emailed to:** billing@intouchlink.net
- **Faxed to:** 1877-784-6868

Signature on this form indicates that all information provided on this form is correct and complete and that you authorize the listed withdrawals.

This form must be returned fully completed, even if you are submitting a VOID cheque.