Electronic Funds Transfer (EFT) Authorization Agreement

Request Date:

Transaction Type: New Set Up ☐ Change ☐

Customer Name:

Billing Address:

Site:

Phone Number:

Email address:

Name of Financial Institution:

Bank #:

Transit #:

Account #:

Please email completed form, along with a voided cheque to billing@hypercharge.com

Authorized Signature:

Printed Name:

Title:

Date:

Authorization

I (we) hereby authorize HyperCharge Networks Corp to direct payments electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the effective date above and is to remain in full force and effect until HyperCharge has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to HyperCharge for the cancellation of this agreement or to make any changes to the information provided within this agreement.