



# GOSOLO PRE-AUTHORIZED CHECKING FORM

Must be submitted with a GOSOLO SIGNUP FORM. For additional information, call 1-888-551-7656.  
Please print clearly.

## GOSOLO NUMBER

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## ACCOUNT OWNER INFORMATION

FIRST NAME  MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

STATE  ZIP CODE

MOBILE PHONE  -  -  WORK PHONE  -  -

Please sign and return both pages of this form along with your completed GOSOLO SIGNUP FORM by mail or fax.

By phone or fax:  
**888-551-7656**

Or mail to:  
**GoSolo**  
**10701 Danka Way N #100**  
**St. Petersburg, FL 33716 USA**

ACCOUNT OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIRD PARTY AUTHORIZATION**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I (we) hereby authorize Go Solo Technologies, Inc., hereinafter called COMPANY, to initiate debit entries for payment of my total monthly GoSolo service bill (amount to vary month to month, based on actual usage), and the Bank named below, hereinafter called BANK, to debit same to such account on the monthly anniversary of my service subscription. I further understand that if my electronic debit is returned, I agree that a \$20.00 (US) return item fee will be charged to my account. This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such a manner to afford COMPANY and BANK a reasonable opportunity to act on it.

## PAYMENT INFORMATION

BANK NAME

BRANCH ROUTING NUMBER  ACCOUNT NUMBER

**ATTACH VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP HERE**



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St. Petersburg, FL 33716 USA**

## TERMS & CONDITIONS

In this Authorization, "we," "our" and "us" refers to the Payor indicated in the Authorization Information set forth herein below and "Financial Institution" refers to the bank, credit union, or other depository institution designated by Payor in the Authorization information.

We acknowledge that this Authorization is provided for the benefit of GSC and our Financial Institution and is provided in consideration of our Financial agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association (the "CPA").

1. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize GoSolutions Canada, Inc. and its successors and assigns ("Company") to draw a debit in paper, electronic or other form for the payment of service charges related to Payor's GoSolo® (unified communications) account (a "Business PAD") on the checking or savings account shown below (the "Account") at our Financial Institution. We authorize the Financial Institution to honour and pay such debits. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with a continuing but revocable written authority given by Payor to Company authorizing Company to issue PADs against Payor's Account at the Financial Institution (the "Authorization"), shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us. This Authorization is for business purposes only and is expressly limited to service charges related to our GoSolo account and the GoSolo accounts of certain designated third-party GoSolo accounts for which we have assumed financial responsibility (each, a "Sub-Account").
2. We may revoke this Authorization at any time by delivering ten (10) business days prior to the next due date of a Business PAD written notice of revocation to Company. We acknowledge and agree that this Authorization applies only to method of payment and that revocation of this Authorization by either party does not terminate, nullify, or make void any contract that exists between us and Company.
3. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including amount, frequency and fulfillment of any purpose of any Business PAD.
4. We agree delivery of this Authorization to Company constitutes delivery by us to our Financial Institution. We agree that Company may deliver this Authorization to Company's financial institution and consent to the disclosure of any information contained in this Authorization to its financial institution.
5. We hereby waive the following pre-notification requirements under the Rules of the CPA:
  - (a) with respect to fixed amount Business PADs, the ten (10) calendar day written pre-notification (to be given before the due date of the first Business PAD and prior to each and every change in the amount or payment(s) date) of the amount to be debited and the due date(s) of debiting;
  - (b) with respect to variable Business PADs, the ten (10) calendar day written pre-notification (to be given before the due date of every Business PAD) of the amount to be debited and the due date(s) of debiting;
  - (c) with respect to the Business PAD that provide for the issuance of a Business PAD in response to our direct action (such as, but not limited to, a telephone instruction) requesting Company to issue a Business PAD in full or partial payment of a billing received by us, the ten (10) day pre-notification; and- OR -
  - (d) we agree to either waive the above-noted requirements or to abide by any modification to the above requirement as agreed to with Company.
6. We may dispute a Business PAD by providing a signed declaration to our Financial Institution that:
  - (a) the Business PAD was not drawn in accordance with this Authorization; or
  - (b) this Authorization was revoked in compliance with Article 3 hereinabove.

We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a) or (b) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with Company, and that our Financial Institution shall have no liability to us respecting any such Business PAD.

7. We warrant that all information about our Account is accurate and we shall notify Company, in writing, of any change in our Account information provided in this Authorization within at least the number of days of our payment terms with Company or ten (10) business days prior to the next due date of a Business PAD, whichever is less. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
8. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
9. We agree to comply with the Rules of the CPA, or any other rules or regulations which may affect the services described herein, as may be introduced in the future, or are currently in effect. We agree to execute any further documentation which may be prescribed from time to time by the CPA in respect of the services described herein.
10. We covenant that we have read and understood and agree to all terms and conditions described above.