

PRE-AUTHORIZATION DEBIT FORM

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS AREA	Account Number
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TOTAL CLEAN APPLICATION

2040 – 2633 Simpson Road
 Richmond, BC V6X 0B9
 Admin: 604-278-8044
 Fax: 604-278-7235
 Email: info@novex.ca

Company Name		Novex Account Number	
Contact Person	Email Address for Billing	Direct Telephone Line	

Total Clean options to help reduce waste

Total Clean Option A

Pre-Authorization by Bank Account & email billing (Include Void Cheque)

Name of Financial Institution:		Account Holder Name :	
Address of Financial Institution:			
Account Number* (max. 12 digits)	Branch Number (5 digits)*	Bank ID# (3 digits)*	

Total Clean Option B

Pre-Authorization by Credit Card & email billing

Credit Card Number:	<input type="radio"/> Visa <input type="radio"/> M/C
Name of Cardholder:	Expiry (Month/Year)

Type of Service: Personal _____ Business _____

Print Name: _____ Date : _____

Title: _____ Signature: _____

FAX COMPLETED FORM TO: 604.278.7235

I/we authorize Novex Delivery Solutions and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Novex Delivery Solutions account(s). Invoices for completed services are issued every Tuesday. The corresponding debit transaction will be processed 7 days later. Novex Delivery Solutions will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Novex Delivery Solutions has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may request a written cancellation notice, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

Novex Delivery Solutions may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca