

BILLER INFORMATION FORM

YES! We would like to have payments from our customers credited directly to our bank account.

COMPANY INFORMATION			
Company Legal Name:		Company Name as it Appears on your Invoice or Bills:	
Mailing Address Street / P.O. Box:	City:	Province:	Postal Code:
Main Business Phone: ()	Main Business Fax: ()	Business Email:	
Business Number (BIN) (15 digit number assigned by CRA)	Business Website www. _____	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	
How did you hear about Telpay?		Accounting System Used	
Customer Base Location <input type="checkbox"/> National <input type="checkbox"/> Provinces of _____		Customer Base Size <input type="checkbox"/> Individuals _____ and/or <input type="checkbox"/> Businesses _____	

CONTACT INFORMATION		
Contact Name:		Contact Title:
Phone Number: ()	Fax Number: ()	Email Address

PAYMENT INFORMATION			
Payments from customers to be made:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	Report Language <input type="checkbox"/> English <input type="checkbox"/> French
Method of delivering payment details report			
<input type="checkbox"/> Email to _____	<input type="checkbox"/> Fax to: () _____	<input type="checkbox"/> Electronic File (Telpay will contact you for details)	
Bank Account to be Credited: PLEASE ATTACH VOID CHEQUE			

AUTHORIZATION TO CREDIT ACCOUNT	
The company warrants that the banking information provided relates to bank account information of the company and that said information has been provided by individuals of the company that are authorized to provide banking information.	
Name of Authorized Officer	Name of Authorized Officer
Signature and Title of Authorized Officer	Signature and Title of Authorized Officer
Date	Date

** TelPay Incorporated warrants that it will maintain the Company's information confidential and will use it exclusively for fulfilling the payment instructions of our customers. **
 ** Upon receipt of a duly executed Biller Service Agreement, the Biller Information Form shall be referred to as Schedule A within the agreement. **

Please forward form to: TelPay Incorporated / Attention: TelPay Biller Services
 298 Garry Street, Winnipeg, MB R3C 1H3
 Phone: (204) 947-9300 Fax: (204) 947-2591 Email: biller@telpay.ca

Telpay Use Only (Internet)
Entered _____
Verified _____