

Accounts are due in full by the due date indicated

Number (3 places)

st due are subject to a \$10 late fee.

Powered by © ROGERS 1-12 Chipman Dr, Kentville, NS B4N 3V7

Account Number: 004-999999 Due Date: Amount Due: May 15, 2023 \$87.88 Amount Enclosed:

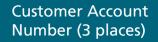
Payment due upon receipt. Payment must be received on or before the Required Payment Date to avoid a Late Payment Charge. Your payment can be made by mail, at most financial institutions, by telephone and online banking. Allow 10 working days for payment to be processed. Contact us today to sign up for convenient pre-authorized payments and ss a payment again!

JOHN CUSTOM 123 ANYWHER ANYTOWN ON When paying your account at your bank be sure to select the payee: Cross Country and use your full 9 digit account number (no dash or space)

 Cross Country TV
1-12 Chipman Dr, Kentville, NS B4N 3V7



Service Address 123 ANYWHERE ST ANYTOWN ON XOX 0X0



Account Number 004-999999

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Internet

This shows current months charges and any changes made since the last invoice as well as any promotions.

Changes since your last bill		Ş
CableConnect 10 Internet	Apr 19-30	27.18
CableConnect 5 Internet	Apr 19-30	-25.98
Wireless Router Rental	Apr 19-30	1.58
Total Changes since your last bill		2.78
Internet Services	May 01-31	\$
CableConnect 10 Internet		67.95
Wireless Router Rental		3.95
Total Internet Services	71.90	
Total for Internet		\$74.68

Other Charges

Other - Monthly	May 01-31	\$
Paper Processing Fee		2.00
Total for Other Charges		\$2.00

Complete the form below to sign up for preauthorized debit so that you never have to worry about a payment again!

Do you have a complaint regarding a telecom or residential TV service that we haven't l en able to resolve? The independent Commission for Complaints for Telecom-television charge: www.ccts-cprst.ca or 1-888-221-1687. Services (CCTS) may be able to assist you free of

CROSS COUNTRY TV PRE-AUTHORIZATION DEBIT AGREEMENT

Debit: (Attach a void cheque)

Acct Number:	
Financial Institution Number:	
Branch Transit Number:	
Chequing Account:	Savings Account:
Financial Institution Name:	
Branch Address:	

Pre-Authorized Debit (PAD) Details:

to your account.

These Services are for (check one): Personal 🗆 Business Use 🗆

the next scheduled payment.

Cross Country TV account(s). Variable monthly payments for the full amount of services will be debited to your account on

the 1st business day of the month. You the Payor waive the right for pre-notification of variable amounts to be debited

You the Payor may revoke your authorization at any time in

writing subject to providing at least 10 days prior notice of

comply with this agreement. For example, you have the

authorized or is not consistent with this PAD Agreement.

Account Holder:

You the Payor authorize Cross Country TV to debit the bank Signature: account identified to the left for all charges arising under your

Name (Please Print):

Date:

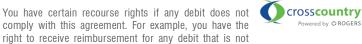
Joint Account Holder (if applicable):

Signature:

Name (Please Print):

Date:

When the form is complete, send to:



Cross Country TV crosscountry 1-12 Chipman Dr Kentville NS B4N 3V7 FAX: 902-678-2455 Email: office@corp.xcountry.tv