Mail to: Speak Telecom Inc.
Suite 204 – 730 Yonge Street
Toronto, Ontario
M4Y 2B7

Fax to: (416) 342-9539

Scan & email: subscribe@speaktelecom.ca

Instructions: Fill out this form, mail or fax or scan and email it to start saving!

Please select what type of customer you are: ☐ Business ☐ Residential

Name / Business Name _____ Contact Phone Number _____ Email Address _____

Address _____ Apt # _____ City _____ Province _____ Postal Code _____

Please select the one service you wish to subscribe to. ☐ Speak Lite ☐ iSpeak ☐ Speak Business Long Distance

Please enter the phone lines you wish to subscribe to Speak Telecom.

( ) -	( ) -	( ) -
( ) -	( ) -	( ) -

Your signature below authorizes Speak Telecom Inc. to notify your local telephone company of your decision to subscribe to Speak Telecom Inc. long-distance services when Equal Access is available in your area. Equal Access means you will automatically reach the Speak Telecom network when you dial any long-distance phone number. For example, every time you dial 1 plus the area code, your call will be carried on the Speak Telecom network.

Billing Information – Please complete Credit Card or Pre-Authorized Debit Authorization

Credit Card ☐ Visa ☐ MasterCard

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐/☐☐

Pre-Authorized Debit Authorization – Please provide a void cheque or copy

I/We acknowledge that this authorization is provided for the benefit of Speak Telecom Inc., and my _____ and is provided in consideration of my _____ agreeing to
(Name of Financial Institution) (Name of Financial Institution)
process debits against my account in accordance with the rules of the Canadian Payments Association.

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Transit Number Bank Number Account Number

I/We authorize Speak Telecom Inc. to debit my/our account for the purpose stated above.

Terms and Conditions:

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization.
I/We acknowledge that delivery of this authorization to Speak Telecom Inc. constitutes delivery to my financial institution.
I/We authorize Speak Telecom Inc. to withdraw/apply charges to the account indicated above on or about the 21st day of each month for the provision of long distance services.
I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services rendered.
I/We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.
I/We agree to be bound by the Terms and Conditions contained on the homepage of Speak Telecom's website, in addition to the terms and conditions above.

_____ _____ _____ _____
Signature Date Signature Date