



ALiant EXPRESS (PAY-BY-PHONE) REGISTRATION FORM (NS/PEI) (CONFIDENTIAL WHEN COMPLETE)

Please complete this registration form and fax to 1-866-484-7445 or mail to:
Aliant Customer Payment Centre, 1505 Barrington Street, PO Box 880, Station Central RPO, Halifax, NS B3J 2W3

Once registered, you can use Aliant Express to get your account balance and pay your bill at your convenience from any Touch Tone telephone. (To access Aliant Express from a telephone number other than your Main Local Service Number, you will require a valid Aliant Calling Card associated to your main local service number.) The Aliant Express Pay-by-Phone option is available to residence and single-line business accounts.)

YOUR NAME (from your Aliant billing statement)

Please indicate type of request:

- New registration request
- Change to previous registration request

ALiant ACCOUNT NUMBER _____

MAIN SERVICE NUMBER (902) _____

2. Please indicate your Payment Method

- Bank Account Debit
Complete 3a. information below.
- Credit Card
Complete 3b. information below.

3a. Please provide Banking Information

NAME OF BANK OR FINANCIAL INSTITUTION _____

CHEQUING ACCOUNT TYPE Personal Commercial

CHEQUING ACCOUNT NUMBER _____

IMPORTANT! Enclose or fax a separate, personalized blank cheque or cheque copy marked "VOID".

3b. Please provide credit card Information

CREDIT CARD TYPE VISA MasterCard American Express

CREDIT CARD NUMBER _____

EXPIRY (YYYY/MM) _____

I hereby authorize ALiant and the financial institution or credit card issuer indicated to release funds for payment for monthly billed charges under the terms and conditions of this request when initiated by me through the Aliant Express Pay-by-Phone or Account Care option, as indicated above. All terms are subject to cardholder's agreement with my financial institution.

Signature _____ Date _____

DAYTIME CONTACT NUMBER (include area code) _____

A separate request is required for each account.

Terms and Conditions

1. I understand that this authorization to ALiant is exactly the same as if I authorized the credit card institution or the branch of my bank/financial institution where I keep the bank account. The credit card institution or bank branch will treat every withdrawal or debit as though I had personally directed them to make the payments, and will charge the specified amount on my ALiant-bills to my account.
2. I will let ALiant know, in writing, of any changes in the credit card or account information.
3. I understand that payments may be drawn on Canadian dollar bank accounts only.