

PRE-AUTHORIZED DEBIT AGREEMENT AUTHORIZATION REQUEST

V190906

Account Information			
Full name of account holder		Email address	
Address	City	Postal code	Phone number
Financial institution	Institution number	Transit number	Account number

Beneficiary - Contact Information			
Company name		Email address	
Address	City	Postal code	Phone number

Withdrawal Authorization
<p>I, the undersigned (in the case of a corporation, here duly authorized representative(s)), authorize the recipient organization to make single pre-authorized debits (PADs), regularly, in my account at the financial institution named above. Withdrawal dates are determined based on the choice(s) determined above.</p> <p>I waive any legislative or regulatory requirement for pre-notification.</p> <p>Change or Cancellation I will notify the recipient organization, within a reasonable delay, of any changes to these terms.</p> <p>I may revoke my authorization at any time upon the giving of 10 days notice. To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association website at www.cdnpay.ca. I release the financial institution from any liability if the revocation is not respected, unless it is gross negligence on its part.</p> <p>I agree that the financial institution where I have my account is not required to verify that the payment is made in accordance with my authorization.</p> <p>I further certify that all persons whose signatures are necessary for the operation of the account identified above have signed the this authorization.</p> <p>I acknowledge that submitting this authorization to the recipient organization is equivalent to delivering it to the financial institution indicated above.</p>

Refund
<p>I have certain rights of recourse if a debit does not comply with this Agreement. For example, I am entitled to receive a refund of any PAD that is not authorized or that is not consistent with this PAD Agreement. For more information on my recourse rights, I can contact my financial institution or visit www.cdnpay.ca.</p> <p>The financial institution will reimburse me, on behalf of the organization, amounts withdrawn in error within 10 business days of the withdrawal, to the extent that the refund is requested for an eligible reason.</p> <p>I understand that I will have to make a request to this effect to my financial institution according to the procedure it will provide me.</p> <p>I acknowledge that a refund claim filed after the time limits indicated above will have to be settled between the organization and me, without any liability or commitment on the part of the financial institution.</p>

Consent to the disclosure of information
<p>Je consens à ce que les renseignements contenus dans ma demande d'adhésion au débit préautorisé soient communiqués à l'institution financière, dans la mesure où cette communication de renseignements est directement reliée et nécessaire à la bonne mise en oeuvre des règles applicables en matière de débits préautorisés.</p>

Signature of account holder(s)	
_____ Signature of account holder	_____ Date (yyyy/mm/dd)
_____ Signature of 2nd account holder (if necessary)	_____ Date (yyyy/mm/dd)

IMPORTANT : Attach a personal check marked "VOID" to avoid any transcription errors. If you change your account or financial institution, please notify the recipient organization.