

Payee – Contact information		Credit Union (Caisse) Organism N°	
Name of Credit Union (Caisse)		c/o or e-mail address	
Address (street, city, province)		Postal code	Telephone No.

Account holder name and account number		Account N° at the Credit Union (Caisse)	
Last and first name(s) of account holder(s) to be debited			Telephone No.
Adresse (rue, ville, province)			Code postal
Name of the financial institution where the account to be debited is located	Institution No.	Transit No.	Account No. (with check digit)
Last and first name(s) of account holder(s) to be credited			Telephone No.
Name of the financial institution where the account to be credited is located	Institution No.	Transit No.	Account No. (with check digit)

Withdrawal authorization

I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s)), authorize the Payee to make pre-authorized debits (PAT) from my account with the aforementioned financial institution. Each withdrawal will correspond to:

a variable amount, of which I must be advised by the Payee in writing at least 10 days before the due date.

a fixed amount indicated in the field "Transaction amount" below, which may be increased without any further authorization on my part, provided that the Payee notifies me in writing at least 10 days before the due date of the payment as modified:

for the following service: _____

which together constitutes a personal/individual PAT business PAT

Waiver:

I hereby waive the aforementioned written notice of 10 days.

I have received a copy of this Agreement and waive all other confirmation before the first payment.

New transaction

Transaction amount		Temporary amount	
Date of first payment		Date of temporary amount	
Number of payments excluding the temporary amount	Unlimited <input type="checkbox"/>	Frequency	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other Specify : _____	

Consent to disclosure of information

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to our services provider: ACCEO Solutions inc. and the financial institution provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits. I recognize that I have read and understand the Change or cancellation conditions and the Reimbursement conditions on the back of this form.

Signature of account holder (s) (to be debited)

_____ Signature of account holder	_____ Date (dd/mm/yyyy)	_____ Signature of second account holder (Only if two signatures are required)	_____ Date (dd/mm/yyyy)
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IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription.
If you change your account or financial institution, please advise the payee organization.

Information on the Person in charge at the company (To modify or suppress a transaction fill in fields on page 2 of 2)

Name of person in charge at the company (Please write legibly)	Telephone N° of person in charge	Extension	Date
Signature of person in charge at the company			Date

Change or cancellation:

I shall inform the Payee, within a time limit of three business days, of any changes to this Agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of 5 business days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAT Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.

I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAT that is not authorized or that is not compatible with the terms of this PAT Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.cdnpay.ca.

The financial institution shall reimburse me, on behalf of the organization, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a **Personal** PAT and within 10 business days for a **Business** PAT, provided that the reimbursement is claimed for a valid reason.

I understand that a claim to this effect must be made to my financial institution following the procedure it will provide for that purpose.

Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Payee, without any liability or commitment on the part of my financial institution.

Section reserved to the person in charge at the company

Payee – Contact information	Company N°
Name of the company	

Account holder name and account number	Client N°
Last and first name(s) of account holder(s)	

Modification of a transaction

The name of the financial institution where the account is located		Institution No.	Transit No.	Account No. (with check digit)
Former amount of payment	New amount of payment	Number of payments excluding the temporary amount		Temporary amount
Former date of next payment	New date of next payment	Frequency of payments		Date of temporary amount

Cancellation of a transaction

Date from which the transaction does not have to be any more made	Date from which the transaction has to be made again
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Suppression of a transaction

Date from which the transaction must be definitively suppressed	Amount of transaction	Notes
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Identification of person in charge at the company

Name of person in charge at the company (Please write legibly)	Telephone N° of person in charge	Extension	Date
Signature of person in charge at the company			Date