

DIRECT WITHDRAWAL PAYMENT METHOD

Account Holder

Client Number	Name and first name of account Holder	Phone number
Address (street, municipality, province)		
		Postal Code

Financial Institution

Name of Institution		Name of organization	
Institution number	Transit number		Phone number
Address (street, municipality, province)		Address (street, municipality, province)	
	Postal Code		Postal Code

Withdrawal Authorization

I, the undersigned (in the case of corporations, herein represented by one or more of its duly authorized officer or representative) give the authorization to the beneficiary to withdraw funds for payment from my account number, _____ held in the financial institution, at the following frequency:

<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
Account Manager	E-mail address

Each withdrawal corresponds to a variable amount, of which the beneficiary will advise me in writing at least ten days before the due date. Moreover, I retain the right to revoke my authorization at any time by notifying the beneficiary in writing. I release the financial institution from all responsibility if the revocation is not honoured except through gross negligence on its part.

I shall inform the Payee in writing within a reasonable delay of any change to this agreement. I acknowledge that the financial institution where I have my account is not required to verify that the debit is made in accordance with my authorization. I furthermore warrant that all persons whose signature is required for the operation of the aforementioned account have signed this authorization.

I acknowledge that the delivery of this authorization to the beneficiary is the equivalent of delivery by me to the aforementioned financial institution.

Reimbursement

The financial institution shall reimburse me, on behalf of the beneficiary, for any amounts that are withdrawn in error within 90 days of the withdrawal for an individual account holder, and within 10 days for a commercial account holder, insofar as the reimbursement is requested for one or more of the following reasons:

1. The withdrawal was not made in accordance with my authorization;
2. My authorization was revoked;
3. I did not receive 10 days notice prior to the withdrawal.

I acknowledge that I must make a request in writing to this effect to my financial institution on the form that they shall provide to me for that purpose.

Lastly, I acknowledge that a request for reimbursement filed after the time limits indicated above must be settled between the beneficiary and me, without any liability or commitment on the part of the financial institution.

Consent to disclosure of information

I consent to disclosure of information in this application for direct withdrawal to the financial institution, provided such information disclosure is directly related to and necessary for the proper operation of applicable rules regarding pre-authorized debits.

Signature of account holder (s)

Signature of account holder (s)	Date
Signature of second account holder (if this is a joint account whereby both signatures are required)	date

Important: Attach a personal blank check with VOID written on it, in order to avoid any transcription errors. If you change account of financial institution, please advise the Payee.