



Groupe Maskatel LP
770 Casavant Blvd West
Saint-Hyacinthe (Québec) J2S 7S3
Tel.: 1 877 627-5283
Fax. : 450 250-5000
activationppa@maskatel.qc.ca
maskatel.ca

PRE-AUTHORIZED PAYMENT AGREEMENT (PPA)

In order to take advantage of the Pre-Authorized Payment plan offered by Groupe Maskatel LP, please fill-out the following Pre-Authorized Payment Agreement.

Customer information			
First Name	Name	Date of birth (DD/MM/YYYY)	
		/ /	
Address		City	
Postal Code	Telephone Number	Cellular	
	()	()	
Customer e-mail address		Customer ID card	
Name on the card	Expiration	Number of the card (Xittel et Picanoc only)	
	/	/ / /	

1. Type of use

- Personal
- Business-related

2. AUTHORIZATION TO DEBIT FROM AN ACCOUNT

2.1. Frequency

I, the undersigned, authorize Groupe Maskatel LP to make monthly Pre-Authorized Payment from the above-mentioned account number.

2.2. Monthly Debit Amount

Each withdrawal will be the total amount shown on Groupe Maskatel LP's monthly invoice which I shall receive at least 10 days before the remittance due date, for all subscribed services and pay-per-use services.

3. CANCELLATION

I can revoke my authorization at any time with a 30-day notice. To obtain a sample cancellation form or for additional information pertaining to my right to cancel a PPA, I can contact my financial institution or visit the Canadian Payments Association's Web site at www.cdnpay.ca.

I understand that I must send a cancellation notice by e-mail to: activationppa@maskatel.qc.ca or by mail to the following address: 780 Casavant Blvd West, St-Hyacinthe, Québec, J2S 7S3. The necessary form to be completed is available on the Web site of Groupe Maskatel LP (<https://maskatel.ca/services-residentiels/soutien/ajout-modification-de-service/>).

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 mentioned herein is not required to verify if the payment is debited in accordance with my authorization.

I certify that all the people whose signature is required for the operation of the aforementioned account has signed this authorization. I understand that the fact of providing this authorization to Groupe Maskatel LP is equivalent to submitting it to the financial institution identified herein.

4. REIMBURSEMENT (PERSONAL PPA)

If any debit does not comply with this Agreement, I have certain recourse rights. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. I can obtain more information on my reimbursement rights by contacting my financial institution or by visiting the following Web site: www.cdnpay.ca.

The financial institution will reimburse me, in the name of Groupe Maskatel LP, the amounts that have been incorrectly debited, within 90 days for a personal PPA and within 10 business days for a Business PPA, to the extent where the reimbursement is claimed for a valid reason and in compliance with the service contract.

I understand that I must claim such a reimbursement by e-mail at activationppa@maskatel.qc.ca or by mail to the following address: 780 Casavant Blvd West, St-Hyacinthe, Québec, J2S 7S3. The necessary form to be completed is available on Groupe Maskatel LP's Web site (<https://maskatel.ca/services-residentiels/soutien/ajout-modification-de-service/>).

I understand that any reimbursement claim sent after the time limits described above shall be settled between Groupe Maskatel LP and me, and that the financial institution shall not incur any liability or obligation.

5. DISCLOSURE OF PERSONAL INFORMATION

I hereby agree that the information contained in my application for pre-authorized payments be communicated to my financial institution, insofar as this information is directly related and necessary to the proper implementation of the rules governing pre-authorized payments.

Signature of account holder (to authorize the PPA)

X

SIGNED ON :

/ /

IN THE CITY
OF :

Signature of second account holder (if account requires two signatures)

X

SIGNED ON :

/ /

IN THE CITY
OF :
