

Pre-authorized debit agreement

Updated November 28th, 2012



Is this: the first request for an agreement

a notice of a change of financial institution
(in which case your notice must be sent before the second (2nd) day of the month, to come into effect for the following withdrawal)

1117, rue Ste-Catherine Ouest, bur. 806
Montréal (Québec) H3B 1H9
Tél. 514 842-4545

Name _____ First name _____ membership number _____

The name of the financial institution where the account is located _____

Institution No. _____ Transit No. _____ Account No. (with check digit) _____

I, the undersigned, authorize *Communauto* to make Pre-authorized debits from my account with the aforementioned financial institution, at the following interval:

weekly every 2 weeks twice monthly monthly

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 monthly payment amount authorized according to the conditions, stipulated in my Dual Subscription Contract, regarding monthly transit passes and the self-service vehicles of *Communauto*.

Which together constitutes a Pre-authorized debit agreement for a : personal/individual business

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.

Change or cancellation:

I will inform *Communauto* of any changes herein, by, at the latest, the second (2nd) day of the month, in order for the changes to be in effect for the following pre-authorized debit period. I can revoke my authorization at any time by sending a notice to *Communauto*, by, at the latest, the fourth (4th) day of the month preceding the beginning of the month for which the Contract will be revoked. To obtain a sample of the cancellation form or for more information on my right to cancel a Pre-authorized debit 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 *Communauto* 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 Pre-authorized debit that is not authorized or that is not compatible with the terms of this Pre-authorized debit 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 Pre-authorized debit agreement and within 10 business days for a Business Pre-authorized debit, 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 *Communauto*, without any liability or commitment on the part of my financial institution www.cdnpay.ca.

CONSENT TO DISCLOSURE OF INFORMATION

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

IMPORTANT : Please attach a personal cheque clearly marked "VOID" to avoid any transcription errors. If you change your account or financial institution, please advise *Communauto* as soon as possible.

SUBSCRIBER'S SIGNATURE

SIGNATURE OF THE CO-SIGNER, IF THE BANK ACCOUNT REQUIRES TWO SIGNATURES
(In addition to the signature of the co-signer, please attach a photocopy of an identification card that bears the co-signers signature (drivers license, health card or other).)

DATE: _____

DATE: _____

Date of the first withdrawal: _____ 20 _____

Given that the payments must be made in advance, please write the 7th of the month in which the offer comes into effect.