



# DIRECT WITHDRAWAL APPLICATION

<input type="checkbox"/>	Individual Member
<input type="checkbox"/>	Corporate Member

### Account holder(s)

Surname and first name(s) of holder(s)		Telephone No.
		Area Code
Address (street, city, province)		
		Postal Code

### Financial institution

### Payee

Name of financial institution		Name of organization	
Institution No.	Transit No.	Telephone No.	
		Area Code	
Address (street, city, province)		Address (street, city, province)	
Postal Code		Postal Code	

### Withdrawal authorization

I, the undersigned (if a legal person, hereto represented by its duly authorized representative(s)), authorize the Payee to effect withdrawals in my account No. \_\_\_\_\_, held at the financial institution, at the following frequency :

- weekly                       every two weeks                       twice monthly  
 monthly                       other \_\_\_\_\_

Every withdrawal shall correspond to :

- a fixed amount of \$ \_\_\_\_\_, which can be increased without any further authorization on my part, provided the Payee notifies me in writing at least ten days before the due date of the payment as modified;  
 a variable amount, of which I must be advised by the Payee in writing at least ten days before the due date.

**For Direct Withdrawals - Corporate Members only :**

- I hereby waive my right to receive the above-mentioned ten-day advance notice.

for the following service : \_\_\_\_\_

I retain my right to revoke at any time this authorization by notifying in writing the Payee. I indemnify and save harmless the financial institution should this revocation fail to be honoured, except through gross negligence on its part.

I shall advise the Payee in writing and reasonably in advance of any change to these presents.

I acknowledge that the financial institution at which I maintain the account is not required to verify that the payment is drawn in accordance with this authorization. I certify that every person whose signature is required for the operation of the above-noted account has signed this authorization.

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

### Reimbursement

The financial institution shall reimburse me, on behalf of the Payee, any amount withdrawn by mistake within 90 days of the withdrawal for an **individual** holder and within 10 days of the withdrawal for a **corporate** holder, provided that the reimbursement is claimed for one of the following reasons :

- (a) the withdrawal was not made in accordance with my authorization,
- (b) my authorization was revoked;
- (c) I did not receive the ten-day advance notice prior to the date of withdrawal.

I understand that a written declaration to this effect must be given to my financial institution on the form it will provide for that purpose.

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

### Consent to disclosure of information

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

### Signature of account holder(s)

_____ Signature of account holder	_____ DD/MM/YYYY
_____ Signature of second holder (for a joint account requiring two signatures)	_____ DD/MM/YYYY

**IMPORTANT NOTICE :** Attach a personal blank cheque marked «VOID» in order to avoid any transcription error. If you change accounts or financial institutions, please notify the Payee.