

**IMPORTANT:**

ENCLOSE A CHEQUE MARKED “VOID” corresponding to the folio/account from which your payments will be debited and send it along with the duly completed and signed enclosed application to the following address: VISA Desjardins Business Card, VISA Desjardins, P.O. Box 11070, Downtown Branch, Montreal, QC H3C 9Z9.  
 You also can fax the form and a copy of the void cheque to **1-866-720-4210**.

**COMPANY IDENTIFICATION**

Company name				
Address (head office)	Office	City	Province	Postal code
Telephone number	Fax number			

**INFORMATION ON THE ACCOUNT TO BE DEBITED**

Last and first name of cardholder(s)		
Name of company's financial institution		
Institution number	Transit number	Folio/account number (with check digit)
Account type: <i>The type of account selected will determine the PAD category.</i> <input type="checkbox"/> Personal (personal PAD) <input type="checkbox"/> Corporate (business PAD)		

**INFORMATION ON WITHDRAWAL**

Please select the type of card or solution and complete the requested information.

<input type="checkbox"/> <b>Business Card</b> <input type="checkbox"/> <b>Corporate card</b> <input type="checkbox"/> <b>Private label card</b>  Card number: _____ <input type="checkbox"/> Apply the withdrawal to all cards from the account.  Debit amount: <input type="checkbox"/> Minimum payment indicated on corporate account statement <input type="checkbox"/> Payment in full <input type="checkbox"/> Fixed amount of: \$ _____ (equal or greater than minimum payment required, as indicated on monthly account statement. Full balance if less than fixed amount.)	<input type="checkbox"/> <b>Business Freedom Solutions (line of credit)</b>  Card number: _____ <input type="checkbox"/> Apply the withdrawal to all cards from the account.  Debit amount: <input type="checkbox"/> Minimum payment indicated on corporate account statement <input type="checkbox"/> Payment in full <input type="checkbox"/> Fixed amount of: \$ _____ (equal or greater than minimum payment required, as indicated on monthly account statement. Full balance if less than fixed amount.)
<input type="checkbox"/> <b>Purchasing Card</b>  Card number: _____ Debit amount: Payment in full	

**Please enclose your cheque marked “VOID” here.**

Please note that this form will be not be valid unless the back of the page is signed

Complete the next page

**TERMS AND CONDITIONS OF USE**

**Date of payment:**

The amount will be debited on the due date indicated on the company's VISA Desjardins account statement.

**Payment notice:**

Upon receipt of this registration form, Desjardins Card Services will send a letter to the applicant indicating the month in which the first authorized payment will be debited. The applicant will be given at least 10 days' notice, through the company's VISA Desjardins account statement, of the amount to be debited from his or her account.

**Notice of change:**

For any change in financial institution, folio number or account number, or information on the business identification, the applicant must provide Desjardins Card Services with at least seven days' notice.

**Change of payment option or termination of agreement:**

If the applicant wants to change the payment option or terminate the preauthorized payment agreement, Desjardins Card Services would like to be notified at least five working days before the date on which the account is to be debited.

This authorization shall be automatically amended or revoked, according to the nature of the request. For more information about his or her right to cancel this Payer's Agreement, the applicant may contact his or her financial institution or go to the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca).

**Refund claim:**

The applicant may submit a refund claim when a payment is made in error from his or her account in one of the following cases:

- The payment was not made pursuant to the authorization given by the applicant;
- The applicant's authorization was revoked;
- The withdrawal was not made according to the applicant's authorization
- The withdrawal was made from the wrong account

To do so, the claim must be submitted to the applicant's financial institution within ninety (90) working days for a personal PAD request or ten (10) working days for a business PAD request following the date on which the disputed withdrawal was processed in the applicant's account by his or her financial institution. Any request made after such time must be submitted directly to Desjardins Card Services. The applicant is entitled to certain remedies should the debit not be in compliance with this agreement. For example, the applicant is entitled to receive a refund on any debit that was not authorized or that is incompatible with this Payer's Agreement. For more information about available remedies, the applicant may contact his or her financial institution or go to [www.cdnpay.ca](http://www.cdnpay.ca).

**WITHDRAWAL AUTHORIZATION (PAYER'S AGREEMENT)**

The applicant acknowledges that this authorization is given in favour of the Fédération des caisses Desjardins du Québec (the "Fédération")\* and the financial institution indicated above ("Financial Institution") in exchange for the consent given by said Financial Institution to process debits from the applicant's account pursuant to the Canadian Payments Association rules. The applicant allows the Fédération to make a debit from the account with the Financial Institution on the due date indicated on the VISA Desjardins account statement as payment, pursuant to the instructions indicated in this Payer's Agreement. The Fédération must notify the applicant in writing of the amount to be debited from the account at least 10 days before the due date indicated on the account statement.

In the event that the fixed amount is less than the minimum amount due, the payment will correspond to the minimum amount due, provided that the Fédération informs the applicant in writing of the amount that will be deducted from the applicant's account no less than 10 days before the due date indicated on the account statement. The applicant understands that the account statement constitutes the 10-day notice mentioned above. The applicant shall ensure that the amount to be paid is available in his or her account. Any transaction resulting in insufficient funds will be subject to the rules in effect for any usual method of payment.

The applicant releases the Financial Institution from all liability in the event that it does not comply with the revocation, unless there is a gross negligence on the part of the Financial Institution. The Fédération reserves the right to terminate the authorized payment service at any time, with only a written notice. The applicant agrees that the Financial Institution where he or she holds his or her account shall not be responsible for checking that the payment is deducted pursuant to the authorization. The applicant acknowledges that the act of giving said authorization to the Fédération is equivalent to giving it to the Financial Institution. The applicant hereby declares that he or she understands and agrees to the terms and conditions of use of the authorized payment to which he or she has signed up through this Payer's Agreement.

The applicant is entitled to certain remedies should the debit not be in compliance with this agreement. For example, the applicant is entitled to receive a refund on any debit that was not authorized or that is incompatible with this Payer's Agreement. For more information about available remedies, the applicant may contact his or her financial institution or go to [www.cdnpay.ca](http://www.cdnpay.ca).

**Following a request for changes to the debit in writing or by phone, the applicant waives his or her right to receive written notice confirming such changes.**

The applicant authorizes the information contained in his or her preauthorized payment enrolment application to be communicated to the Financial Institution, insofar as such communication is directly related and necessary to the proper enforcement of applicable rules respecting preauthorized debits.

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Date

Name of applicant

Signature of applicant

Should you require additional information, please contact Business Customer Service at 514-397-4600 or 1-800-266-5662.

\* VISA International/Fédération des caisses Desjardins du Québec, authorized user.