VISA Desjardins Authorized Payment Service Application Form

Personal Information (please print in block letters)

Last Name First Name

Address

City Postal Code

Telephone (Home) ( ) Telephone (Work) ( )

VISA Desjardins Account Number **4 5**

Information on the Account to be debited (please print in block letters)

Financial Institution

Transit Number Savings Chequing Account Number

Address of your Financial Institution City

The undersigned declare(s) that all of the persons whose signatures are required for this account have signed this authorization.

Withdrawal Authorization

I hereby authorize the Fédération des caisses Desjardins du Québec (the Fédération)* to carry out monthly, on the due date indicated on my statement and in accordance with the instructions below, a transfer of funds to be debited to the savings chequing account of my financial institution indicated above. I understand that the Fédération will notify me in writing of the amount to be debited from my account at least 10 days prior to the due date shown on my statement, except if I have opted for the fixed payment plan. In cases where the fixed payment is less than the minimum monthly payment, the minimum monthly payment will be debited, provided that at least 10 days prior to the due date shown on my statement, the Fédération notifies me in writing of the amount to be debited to my account. I understand that my statement constitutes the 10-day notice indicated above.

I hereby promise to ensure that the amount of the funds to be transferred shall be available in my account. Should there be insufficient funds for the transaction, the rules currently in force for any usual manner of payment shall apply. This authorization shall be automatically revoked upon receipt of notice at least 3 working days before the due date of the next Authorized Payment. I release the financial institution from all liability if this revocation is not respected, except in case of grave negligence on its part. The Fédération reserves the right to terminate this agreement by giving notice in writing at any time. I agree that the financial institution where I have my account shall not be obliged to confirm that transfers of funds have been made according to the terms of this authorization. I also agree that my submission of this authorization to the Fédération is equivalent to a submission of the same authorization to the financial institution indicated above. I declare that I understand and accept the functioning of authorized payment.

I hereby authorize the Fédération to provide to the financial institution with the above personal information as is necessary and to comply with the rules that govern it.

Check your choice of payment

Every month, on the due date of my VISA Desjardins account, the amount corresponding to the option checked below shall be debited from my account:

- O Payment in full
- O Minimum monthly payment as shown (3% of balance or $10 minimum)
- O Fixed amount of: _____ $ on your variable credit contract or $10 (Payment of balance if lower than the fixed amount)

Signature

Per **X** this J J day of M M A A A A

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BEFORE SEALING THE ENVELOPE, MAKE SURE YOU HAVE COMPLETED ALL SECTIONS OF THIS FORM and **have included a personal cheque from your account to be debited, marked "VOID".**
Upon receipt, VISA Desjardins will send you a letter confirming your registration with the Authorized Payment Service and the month in which the first withdrawal will be made.

*Visa Int./Fédération des caisses Desjardins du Québec, authorized user.

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