

# Facturation.net - Pre-Authorized Debit (PAD)

Please verify and complete the following information.

## Account holder (s)

Surname and first name (s) of holder (s)

Address (street, city, province, postal code)

Phone (s) number (s)

## Financial institution

Name of financial institution

Address (street, city, province, postal code)

Institution No.

Transit No.

## Withdrawal authorization

**Payee :** MD Financial Management

I, the undersigned (if a legal person, here represented by its duly authorized representative (s)), authorize MD Financial Management to effect withdrawal in my Account No. \_\_\_\_\_, held at the above named financial institution, at the following frequency: **Annually**

Every withdrawal shall correspond to a variable amount, according to the agreement signed with the customer, of which I must be advised by MD Financial Management in writing at the least 10 days before the due date and is for the facturation service which constitutes a  Personal or  Business PAD.

I retain my right to revoke at any time this authorization by notifying in writing MD Financial Management at least 10 days in advance. To obtain samples of the cancellation form or for more information on my right to cancel the PAD, I may contact my financial institution or visit the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca). I indemnify and save harmless the financial institution should this revocation fail to be honored, except through gross negligence on its part.

I shall advise MD Financial Management 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 MD Financial Management constitutes delivery by me to above-noted financial institution.

## Reimbursement

The financial institution shall reimburse me, on behalf of MD Financial Management, any amount withdrawn by mistake within 90 days for a personal PAD and within 10 days of the withdrawal of a business PAD, provided that the reimbursement is claimed for one of the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- B) my authorization was revoked.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 10 days advance notice prior to the date of withdrawal.

I have certain rights of recourse if a debt does not comply with the terms of this agreement. I understand that a written declaration to this effect must be given to my financial institution on the form it will provide for the purpose. For more information on my rights of recourse, I may contact my financial institution or visit the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca).

Finally, I acknowledge that a claim for reimbursement filed after the above-mentioned time limits must be settled between me and MD Financial Management, 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

Date

Signature of second holder

Date

*(for a joint account requiring two signatures)*

**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 MD Financial Management.**