

By filling out this form, your Pre-Authorized Payment registration will be completed.

Please read first the following information on the way this payment method is applied.

Terms of Service for Pre-Authorized Payment by Debit

The following terms of service apply to pre-authorized debits to pay your CTAL account balance each month from your bank account. You must include a void cheque with your request. In these Terms of Service, "you" means a CTAL member who would like to allow pre-authorized debits from his or her bank account to pay for services received from CTAL.

Authorization

By signing the Pre-Authorized Debit Payment Form, either electronically or on paper, you authorize your financial institution to debit your account each month to pay for CTAL services by the account holder whose number is indicated on the form. To allow your account to be debited, CTAL and your financial institution require a signed authorization from all account holders whose signatures are required to issue a cheque from the account. You authorize CTAL to provide the information in the Pre-Authorized Debit Payment Form with any financial institution that will be involved in the execution of the funds transfer. Automatic debits are authorized for personal or business purposes, with no maximum amount to be debited each month.

Account Information

You certify that the above banking information is accurate and complete. You agree to inform CTAL in writing of any change in the Account information at least 15 days prior to the next due CTAL invoice date. A \$15 administration fee will be charged for any payment declined due to insufficient funds.

Process

Your CTAL invoice will be produced as usual, at the beginning of each month, and will indicate the due amount. The date of the debit will be the 26th day of the current month, this date may be subject to change in the event of a holiday or weekend depending on the financial institution's policy. If you register within 10 days before the applied, the pre-authorized debit will not be on the current month's invoice. You will have to pay the balance by another method to avoid a delay. Pre-authorized debits will be effective for the billing period following your next CTAL invoice.

Balance of the first debit

On receipt of your completed and signed forms, we will update your membership file. To do so, we will communicate the exact balance of your account **only if it does not show a zero balance.**

Your account might have had a balance due or credit for many reason from previous months. Therefore, the first pre-authorized payment will be adjusted based on your payment history. Thereafter, payments will correspond to the amount of your monthly bill and may be adjusted following a change of your plan, a service request or other. Please note that no notice will be sent concerning the amount debited to your account other than your invoice.

Payor's Rights of Dispute

You can contest any debit that you did not authorize or for which you have cancelled your authorization. To obtain a refund, you must sign a declaration with your financial institution within 90 calendar days of the debit.

Cancellation of Authorization

You may revoke this authorization at any time by sending written notice at least 30 days in advance of the next debit to the following address :

Coopérative de télécommunication CTAL
600, boulevard Albiny-Paquette, bureau 203
Mont-Laurier (Québec) J9L1L4

This revocation does not cancel or change any of the service agreements between you and CTAL. For more information, please visit the Canadian Payments Association website at <https://payments.ca/>

Standard Recourse Statement

There are recourse options if a transaction does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit <https://payments.ca/>

Form

Simply send us your completed and signed form, with your VOID cheque to the following email address adhesion@ctal.ca.

If you are not able to fill out the online form, you can send it to us by mail, including a VOID cheque, to the following address :

Coopérative de télécommunication CTAL
600, boulevard Albiny-Paquette, bureau 203
Mont-Laurier (Québec) J9L1L4

It is also possible to visit our Boutique during opening hours :

Tuesday - Wednesday - Thursday
from 9am to noon and from 1pm to 4pm

To contact us, please call 819 623-2825 or 1 833 623-2825.

***** Since this document has not been translated by a certified translator, it is for information purposes only. *****

**REQUEST FOR PRE-AUTHORIZED DEBIT
PAYER'S PAD AGREEMENT**

Payor Information

Last name and First name

CTAL member number starts by 802

Address (civic number, street, apartment)

Phone number

Address (city, province)

Postal Code

Payment Details

Payor Financial Institution Name

Institution No.

Branch ID

Account No. (with check digit)

IMPORTANT : You must include a "VOID" cheque to prevent transcription errors. If you change your account or financial institution, please notify the beneficiary organization.

Beneficiary Organization – Contact Information

Organization's Name

E-mail

Phone number

CTAL (Coopérative de télécommunication d'Antoine-Labelle)

adhesion@ctal.ca

819-623-2825

Address (street, city, province)

Postal Code

600, Boul. Albiny-Paquette, bur. 203, Mont-Laurier (Québec)

J9L 1L4

Debit Authorization

I, the undersigned (if a corporation, here represented by its authorized representative(s)), authorize the Payee to make pre-authorized debits (PADs) to my account at the financial institution named above on the **26th day of each month**.

Each payment will have a variable amount (if applicable) which will be communicated to me by the beneficiary organization, by e-mail, at least 10 days before the due date.

Renunciation :

I waive the 10-day written notice mentioned above.

I acknowledge receipt of this Agreement and waive any further confirmation prior to the first payment.

Pre-authorized debits (PADs) will be for **applicable CTAL services**.

All of the above is a PAD personal / individual corporate

Change or Revocation:

I will notify the Beneficiary Organization within a reasonable time of any changes to this Agreement. I may revoke my authorization at any time upon 15 days' notice. To get a revocation form or for more information on my right to revoke a PAD Agreement, I may contact CTAL or visit the Payment Canada website at <https://www.payments.ca>.

I release the financial institution from any liability if the revocation is not complied with, unless it is due to negligence on its part. I agree that the institution where I have my account is not required to verify that the payment is drawn in accordance with my authorization. I further certify that all persons whose signatures are required for the operation of the account identified above have signed this authorization. I acknowledge that delivery of this Authorization to the beneficiary organization is equivalent to delivery to the financial institution identified above.

Repayment

I have some legal rights if a debit does not comply with this Agreement. For example, I have the right to receive repayment for any PAD that is not authorized or is not in accordance with this PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit <https://www.payments.ca>.

The Financial Institution will reimburse me, on the Organization's behalf, for amounts incorrectly withdrawn within 90 calendar days of the withdrawal for a Personal PAD and within 10 business days of the withdrawal for a Business PAD, provided the reimbursement is requested for an eligible reason.

I understand that I will need to make a request to my financial institution in accordance with the procedure they will provide me.

Finally, I acknowledge that a request for reimbursement filed after the deadlines indicated above shall be settled between the organization and me, without responsibility or liability on the part of the financial institution. .

Consent to Disclosure of Information

I consent to the disclosure of the information contained in my pre-authorized debit application to the financial institution, to the extent that such disclosure is directly related to and necessary for the proper implementation of the Pre-Authorized Debit Rules.

Signature of the owner(s)

Name of payer or authorized representative (capital letters)

Signature

Date (dd/mm/yyyy)

Name of other person (if this is an account that requires two signatures)

Signature

Date (dd/mm/yyyy)

IMPORTANT : You must include a "VOID" personal cheque .