

5304 ave Patricia, Montréal (Québec) H4V 1Z2 Tél.: (514) 564-8822 Fax: (514) 486-3802

Pre-Authorized Debit (PAD) Agreement

We will complete your request within 10 business days of receiving your completed and signed form. Once your Pre-Authorized Debit (PAD) is active, your payment will be withdrwan according to the terms indicated below. Check one of the following options:

New PAD Request Update	Existing PAD				
1. Qurtuba Account number : H-	(Leave blan	k if you are a no	ew member)		
2. Account Holder(s) Information					
Name of the Bank Account Holder		Name of t	Name of the Bank Account Holder		
Addresse		Addresse	Addresse		
Phone Number		Phone Nu	Phone Number		
3. Bank Account Information					
Transit Number			DOLLARS	IMPORTANT : You must include a "VOID" cheque.	
Financial Institution Number (Bank ID)	#123# C123	45 1231:1234	567"	Your PAD request cannot be processed without it.	
Account Number	Transit Number (5 digits)	Bank ID (3 digits)	Account Number		
4. Authorization to Debit the Bank Account					
I acknowledge having read the conditions herein a bank account according to my choice below and a			rtuba Housir	ng Coop. to make withdrawals from my	
Amount of the Debit:\$	As of	/ From:			
Withdrawal frequency:					
One-Time (Only Once) Monthly. Every: 1et Day Fortnightly (Every Two Weeks) Weekly	15 th Day	28 th Day			
5. Terms of the Agreement					
I authorize Qurtuba Housing Coop. to make one or mo provided for in this request. This authorization will rem can obtain additional information on your right to cance	nain in effect until the	e cooperative has	received noti	ce of modification or cancellation from us. You	
You have recourse if any withdrawal does not comply not authorized or is not consistent with this PAP agre www.cdnpay.ca.					
I agree that the information contained in my applicate disclosure is directly related and necessary for the proper					
6. Signature(s) [Click this link to know how to	sign a PDF docu	iment]			
Signature Account Holder D	Pate (aaaa-mm-jj)	Signature o	f joint Account	Holder Date (aaaa-mm-jj)	

7. Transmission - By mail, email or at the Cooperative office

To process your debit authorization, be sure to submit the following documents to us: this signed form and a sample check with the mention: "VOID". For email transmission, please send these documents to cheque@qurtuba.ca