

Please complete the Pre-Authorized Debit (PAD) Plan agreement below

I/we authorize Groupes Solution Collect and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions of \$_____ for payment of all charges arising under my/our account (s) with Groupes Solution Collect. Regular monthly payments for the full amount will be debited to my/our specified account on the _____ day of each month. Groupes Solution Collect will obtain my/our authorization for any other one-time or sporadic debits.

termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Groupes Solution Collect may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

« I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca »

1. Customer data (Print clearly)

Name : _____ GSC account # _____
 Address : _____
 City/Town : _____ Province : _____ Postal Code : _____
 Phone # : (Bus.) _____ (Res.) _____

2. Financial Institution informations (Print clearly)

Type of service : Personal ☐ Business ☐

Account Number : _____ Transit Number : _____ Institution Number: _____

Address : _____

City/Town : _____ Province : _____ Postal Code : _____

Authorized Signatures (s) : _____

Comments or other payments agreement

Once the form is completed, you can send it by email, by fax or by mail to:

Groupe Solution Collect
 202-560 Henri-Bourassa West
 Montreal (Quebec) H3L 1P4
 Tel : 1-888-531-1074 Fax : 1-866-716-4899
Posting@groupecsc.com