

DESJARDINS CREDIT CARD AUTHORIZED PAYMENT SERVICE
 (Personal Preauthorized Debit)

**IMPORTANT: INCLUDE A VOID CHECK for the folio/account from which payments will be debited.
 Send the duly completed and signed form and void cheque to the number or address indicated below.**

By fax
 Montreal region: 514-397-0404
 elsewhere in Canada and U.S.A.: 1-888-875-0444

By mail
 Desjardins Card Services, P.O. Box 11070,
 Station Centre-Ville, Montreal, QC H3C 9Z9

DESJARDINS CREDIT CARDHOLDER'S PERSONAL INFORMATION			
Last Name		First Name	
Address		City	Province
Telephone Number (Home)	Telephone Number (Work)	Desjardins Credit Card Account Number	

INFORMATION ON THE FINANCIAL INSTITUTION ACCOUNT TO BE DEBITED	
Last Name/First Name of the Cardholder(s)	
Name of Financial Institution	
Transit Number	Chequing Account Number
Address of Financial Institution	City

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

MANDATORY - SELECT YOUR CHOICE OF PAYMENT
Every month, on the due date of my Desjardins credit card account, the amount corresponding to the option checked below shall be debited from my account:
<input type="checkbox"/> Payment in full <input type="checkbox"/> Minimum monthly payment as shown <input type="checkbox"/> Fixed amount of: \$ _____*
<small>* Equal to or above the minimum monthly payment as stipulated in your variable credit contract and as shown on your monthly account statement. Payment of balance if lower than the fixed amount.</small>

Please attach your void cheque here

If your signature does not appear on the second page, this form will be invalid.

WITHDRAWAL AUTHORIZATION – CONDITIONS AND TERMS OF USE

CONDITIONS AND TERMS OF USE

Eligibility

The Authorized Payment (personal pre-authorized debit) service is available to all Desjardins credit cardholders.

Withdrawal notice

Upon receipt of the application, Desjardins Card Services will notify you of the date of the first Authorized Payment withdrawal from your personal chequing account.

Notification of changes

Desjardins Card Services must be informed at least seven (7) days in advance of any changes to the financial institution or the chequing account number to be debited under the terms of this Agreement.

Transaction fees

Your financial institution may charge a transaction fee for withdrawals from your chequing account.

Changing payment options/Terminating the agreement

If you would like to change the payment options or terminate the Authorized Payment agreement, you must advise Desjardins Card Services at 1-800-363-3380 a minimum of three (3) business days before the established date of the withdrawal from your chequing account.

WITHDRAWAL AUTHORIZATION – (PAYER AGREEMENT – PERSONAL PRE-AUTHORIZED DEBIT)

I, the undersigned, hereby authorize Fédération des caisses Desjardins du Québec (the Fédération)* and the financial institution indicated above, in consideration of the agreement with the said institution, to debit my personal chequing account as indicated above (my account), in compliance with the rules of the Canadian Payments Association. I hereby authorize the Fédération to withdraw funds from the chequing account at the financial institution indicated above on the due date indicated on my Desjardins credit card statement, in payment of the Desjardins credit card statement. I understand that the Fédération will notify me in writing of the amount to be debited from my account at least ten (10) days prior to the due date shown on my statement.

Following my request for debit changes, I do not require a written notice to confirm the changes.

In cases where the established payment amount is less than the minimum monthly payment, the minimum monthly payment will be debited, provided that the Fédération notifies me in writing of the amount to be debited to my account at least ten (10) days prior to the due date shown on my statement. I understand that my account statement constitutes the ten-day notice indicated above.

I must ensure that the funds to be withdrawn 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 three (3) working days before the due date of the next Authorized Payment. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of grave negligence on its part. The Fédération reserves the right to terminate this agreement by written notice at any time. I agree that the financial institution where I hold the chequing account to be debited shall not be obliged to confirm that transfers of funds have been made according to the terms of this Agreement. I also agree that my submission of this authorization to the Fédération is equivalent to a submission of the same to the financial institution indicated above.

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or that does not comply with the terms of this Agreement. To obtain a reimbursement, a request must be submitted to Desjardins Card Services or to my financial institution within a maximum period of ninety (90) days following the date of the disputed withdrawal. Any request for reimbursement following the stated deadline must be submitted directly to Desjardins Card Services. For more information on my rights of recourse with my financial institution, as well as my right to cancel the payer Agreement, I can contact my financial institution or visit www.cdnpay.ca

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.

Date Desjardins credit cardholder name X
Signature of Desjardins credit cardholder

Date Financial institution account holder name X
Financial institution account holder signature

Before submitting the form make sure you have:

- 1- filled out every section of the form;
- 2- signed it;
- 3- included a personal "VOID" cheque from your financial institution.

Upon receipt of the above, a written notice will be sent to you to confirm your enrolment in the service and the date of the first withdrawal.

Send the form and void cheque:

- by fax
Montreal region: 514-397-0404
Elsewhere in Canada and U.S.A.: 1-888-875-0444
- by mail
Desjardins Card Services,
P.O. Box 11070, Station Centre-Ville, Montreal, QC H3C 9Z9.

For more information, please contact Customer Service by calling 514-397-4415 or 1-800-363-3380.