Centre intégré universitaire de santé et de services sociaux du Nord-de-l'Île-de-Montréal
Québec

PRE-AUTHORIZED DEBIT AGREEMENT (PAD)
PAYOR'S PAD AGREEMENT

For administration only

File #: _____

Installation #: _____

Account holder name and account number

Last and first name(s) of account holder(s)			Telephone No.
Address (street, city, province)			Postal code
The name of the financial institution where the account is located	Institution No.	Transit No.	Account No. (with check digit)

Payee – Contact information

Name of organization CIUSSS du Centre-Sud de l'Ile de Montréal		
Head office 1560 Sherbrooke St East (Pav. JA DeSève YR1621), Montréal, Québec	H2L 4M1	514-413-8888
Administrative center South west-Verdun 5205 Notre-Dame St, Montréal, Québec	H4C 3L2	514-413-8888

Withdrawal authorization

I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s)), authorize the Payee to make monthly pre-authorized debits from my account with the aforementioned financial institution, the whole constituting a Personnel PAD.

Each withdrawal will correspond to:

- For accommodation costs:

  To an amount established by the RAMQ depending on the occupied room, which can be increased without further authorization from me, in accordance to the decision notice issued by the Direction de la contribution et de l'aide financière (RAMQ), provided that the recipient sends me a written notice at least 10 days before the due date of payment. The levy will be the 1st of each month, effective the month of admission.

  A fixed withdrawal of will be taken for the trust, provided that the beneficiary organization sends me written notice at least 10 days before the payment due date. The withdrawal will be made on the 1st of each month or as needed.

Waiver:

- **I hereby waive the aforementioned written notice of 10 days.**
- **I have received a copy of this PAD Agreement and waive all other confirmation before the first payment.**

Change or cancellation:

I shall inform the Payee writing and that, within 15 calendar days preceding the DPA above mentioned, of any changes to this Agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of maximum 30 calendar days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution, visit the Canadian Payments Association Web site at www.cdnpay.ca, or speak directly to the representative of the recipient. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.

I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

Reimbursement

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 PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.cdnpay.ca.

The financial institution shall reimburse me, on behalf of the organization, any amounts withdrawn in error, within 90 calendar days of the withdrawal for a Personal PAD, provided that the reimbursement is claimed for a valid reason.

I understand that a claim to this effect must be made to my financial institution following the procedure it will provide for that purpose.

Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Payee, without any liability or commitment from the part of my financial institution.

Consent to disclosure of information

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Signature (of) the owner (s) / representative (s)

_____ Signature of account holder / representative — _____ Date (dd / mm / yyyy)

_____ Signature of second owner / representative (if it is one for which two signatures are required) — _____ Date (dd / mm / yyyy)

Signature of recipient

_____ Signature of representative of the recipient — _____ Date (dd / mm / yyyy)

IMPORTANT: **Attach a personal cheque marked "VOID" to avoid errors in transcription.**
If you change your account or financial institution, please advise the payee organization as soon as possible.