



**Alarme
Trans-Canada**

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PAYOR'S AUTHORIZATION FOR DIRECT DEBITS FROM PAYOR'S CREDIT CARD ACCOUNT

PERSONAL HOUSEHOLD

PAYOR'S IDENTIFICATION : *(capital letters)* **CLIENT NUMBER:** _____

CARDHOLDER NAME: _____

SECONDARY CARDHOLDER: _____

TYPE OF CARD: **VISA** **MASTERCARD**

CARD NUMBER : _____ EXPIRATION : ____/____(mm/yyyy)

ADDRESS : _____ APT : _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE residence : _____ work : _____ cell.: _____

I (We) acknowledge that VISA or MASTERCARD is not required to verify that direct debits from my (our) account conform with the details of this payor's authorization, notably, but not exhaustively, in regard to the amount of said debit.

i (We) acknowledge that VISA or MASTERCARD is not required to verify that the purpose for which the direct debits were issued was by Alarme Trans-Canada as a fulfilled condition for acceptance of said debit that Alarme Trans-Canada has issued against my (our) account.

Any revocation of the present authorization does not in any way terminate the contract for monitoring and/or leasing and/or service which exists between me (us) and Alarme Trans-Canada. This authorization for pre-authorized debits from my credit card account merely serves to define the method of payment under said contract and has no effect on the validity of the contract in force.

A pre-authorized debit may only be contested by us for the following reasons:

(i) *The debit was not issued in conformance with this agreement;*
(ii) *Our authorization under this agreement was revoked;*
(iii) *The prior notice of debit was not received by us.*

I (We) acknowledge that any request for reimbursement based on the fact that the present authorization was revoked by the payor, or for any other reason, is a matter to be dealt exclusively between Alarme Trans-Canada and myself (ourselves) as payor, if said request is presented after the ninety (90) calendar day period set out in this agreement for receipt on an application for reimbursement.

I (We) understand and accept the present agreement for direct debits and wish to participate in this payment plan. I (We) agree that any personal information contained in this payor's agreement may be transmitted to Alarme Trans-Canada's Financial Institution provided that said information is directly related and necessary for the proper application of Rule H4 of the Canadian Payments Association

I (We) understand that all transactions by credit card are processed and authorized by secure Online MONERIS system.

For the purpose of the amount required into the present agreement, , I (we) authorize Alarme Trans-Canada to make direct debits from the above-mentioned credit card or any other card I (we) should indicate to Alarme Trans-Canada.

Direct debit will be of \$ _____ by _____ month(s) , the _____ of each _____ beginning the _____ of the year _____ .

SIGNATURES AUTHORIZING DRAWING FROM PAYOR'S CREDIT CARD :

SIGNATURE (primary cardholder) : _____ **Date :** _____

SIGNATURE (secondary cardholder) : _____ **Date :** _____