



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

PERSONAL HOUSEHOLD

PAYOR'S IDENTIFICATION : *(capital letters)*

SURNAME: _____ *(Mr, Mrs, Ms)* **FIRST NAME:** _____

SURNAME (if joint bank account): _____ **FIRST NAME** _____

ADDRESS : _____ **APT :** _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

NAME OF BANKING INSTITUTION: _____

FULL ADDRESS : _____

BANK CODE : _____ **BRANCH TRANSIT :** _____ **ACCOUNT NO :** _____

PHONE residence : _____ **work :** _____ **cell.:** _____

I (We) acknowledge that my (our) Financial Institution 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 my (our) Financial Institution is not required to verify that the purpose for which the direct debits were issued was fulfilled 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 to my (our) 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- (ii) *Our authorization under this agreement was revoked;*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I (We) acknowledge that any request for reimbursement based on the fact that the present authorization was revoked by the payor, or for any other reason, is a matter to be dealt exclusively between Alarme Trans-Canada and myself (ourselves) as payor, if said request is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

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 account or any other account 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 IN PAYOR'S BANKING ACCOUNT :

Authorized signature (appearing on cheques) : _____ **Date :** _____

Signature : _____ **Date :** _____