

This form summarises the debt reimbursement agreement between the PAYER and GCQ CANADA INC. and confirms the method of Preauthorized Debit Agreement (PDA) to reimburse this debt.

Please print

Summary of Debt Obligations and Installments		
Name of DEBTOR :		Date :
Creditor :	Amount due :	File # :
Creditor :	Amount due :	File # :
Creditor :	Amount due :	File # :
Creditor :	Amount due :	File # :
TOTAL reimbursement due : \$ _____.		Date of first (or only) withdrawal (PDA) :
Periodic withdrawal at the following frequency and fixed amount :		<input type="checkbox"/> Single withdrawal, total amount of \$ _____.
<input type="checkbox"/> weekly \$ _____	<input type="checkbox"/> every 2 weeks \$ _____	<input type="checkbox"/> twice a month \$ _____
<input type="checkbox"/> monthly \$ _____.		
<input type="checkbox"/> other \$ _____... specify the situation which determines the frequency : _____		
PAYER Agreement to reimburse by Preauthorized Debit (PDA)		
PAYER Contact Information		
Name	First Name	
Mailing Address	Apt.	
City	Province	Postal Code
Home Phone :	Cell Phone :	Email :
PAYER BANK ACCOUNT Information		
Preauthorized Debits will be withdrawn from the following bank account :		
Chequing Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>	Type of account : Personal <input type="checkbox"/> Company <input type="checkbox"/>
Financial Institution # _____	Transit # _____	Account # _____
Financial Institution Name : _____		
Financial Institution Address : _____		
** Attach a specimen cheque marked « VOID » **		
<p>Recourse Rights : You have the right of appeal if a debit isn't in compliance with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PDA Agreement. To obtain more information on your recourse rights, please contact your financial institution or visit www.cdnpay.ca.</p> <p>Other provision : If a PDA initiated on a payment date is returned for non-sufficient funds (NSF) or for any other similar condition, a \$35 fee will be added to the balance due. However, GCQ CANADA reserves the right to re-issue the PDA within a 30 day period.</p>		
PAYER Declaration		
You, the PAYER (if a legal person, hereto represented by its duly authorized representative[s]):		
<p>a) authorize GCQ CANADA INC. to effect preauthorized debits in the above-mentioned account and frequency, until the total amount stated in section <i>Summary of Debt Obligations and Installments</i> is fully reimbursed, according to the above conditions;</p> <p>b) recognize that remitting this authorization to GCQ CANADA INC. is the equivalent to remitting it to the above-mentioned financial institution;</p> <p>c) acknowledge receipt of a copy of this Agreement and I waive the right to receive any other confirmation before the first payment;</p> <p>d) accept to inform GCQ CANADA INC. of any changes to the present agreement within a reasonable time;</p> <p>e) may revoke your authorization at any time, within a 30 day notice, either by email, by fax or by mail. To obtain a sample cancellation form or more information on your right to cancel a PDA Agreement, please contact any financial institution or visit www.cdnpay.ca.</p>		
_____	_____	
Date	Signature of PAYER	
Please send the completed form either by email at dpa@gcqcanada.com , by fax or by mail at the Terrebonne office (see below)		