

Please forward the original completed form to: Desjardins Insurance
Group Retirement Savings
PO BOX 1355 STN Desjardins
Montreal (Quebec) H5B 1C4
Telephone: 1-888-510-4762 – Fax:1-877-350-8555

Please print.

Company Information – To be completed by Desjardins Insurance

Company name (Company)		Group number	Subgroup number
Company address (Street, City, Province)		Postal code	Telephone number
Retirement plan name (the Plan)			

Company Bank Account Information – To be completed by the Company

Company name, holder of the bank account

Financial institution where the bank account is held	Financial institution number	Transit number	Account number (with cheque digit)
Address (Street, City, Province)			Postal code

Authorization of withdrawal – To be completed by the Company holding the bank account

I(We), the undersigned, _____ (capital letters), the duly authorized representative(s) of the bank account holder, hereby authorize Desjardins Insurance to make pre-authorized debits (PAD) from the account of the company identified above upon receipt of the deposit slip provided by the Company or of a contribution remittance list sent by Electronic Data Transfer (EDT).

The Company decides the withdrawal amount that will be deducted from the Company bank account for the payment of contributions made to the Plan.

The Company agrees to waive any written notice before the first debit is made or when any change is made to the above debit.

In addition, Desjardins Insurance reserves the right to deduct from the Plan a twenty-five dollar (\$25) fee where a withdrawal cannot be made due to missing funds. Hence, if this situation arises, the Company authorizes Desjardins Insurance to deduct such a fee from the Plan.

Change or cancellation:

The Company shall inform Desjardins Insurance, in a timely manner, of any changes to this PAD Agreement.

The Company may revoke its authorization at any time by sending an advance notice to Desjardins Insurance at the address shown above within 30 calendar days before the next PAD. To obtain a copy of a cancellation form or for more information on the Company's right to cancel this PAD, the Company may consult with its financial institution or visit the Paiements Canada website at www.payments.ca. The Company agrees to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.

The Company agrees that the financial institution with which the Company has its account is not responsible for verifying that the payment is debited in accordance with the Company authorization. The Company also confirms that all the people whose signatures are necessary for the operation of the account mentioned above have signed this authorization.

The Company is aware that by submitting the present authorization to Desjardins Insurance, the Company is also submitting it to the aforementioned financial institution.

Reimbursement

The Company has certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, the Company has 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 the Company's rights of recourse, the Company may consult with its financial institution or visit www.payments.ca.

The financial institution will reimburse the Company, on behalf of the organization, for any amounts withdrawn in error, within 90 business days, insofar as the reimbursement is requested for an acceptable reason.

The Company understands that these types of requests are to be made to the Company's financial institution following the procedure provided to the Company. Finally, the Company acknowledges that a request for reimbursement submitted after the deadlines previously indicated must be settled between the organization and the Company, with no responsibility or engagement on the part of the financial institution.


Consent for disclosure of information

The Company agrees that the information in its application for pre-authorized debit authorization will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.

Signature of account holder(s)

X _____ Date (DD-MM-YYYY)
Signature of the account holder's representative

X _____ Date (DD-MM-YYYY)
Signature of the account holder's second representative
(Only if two signatures are required)

 **Important – Attach a Company cheque marked “VOID” to avoid errors in transcription. If the Company changes your account or financial institution, please advise Desjardins Insurance.**