



Ferme aux pleines saveurs  
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## PRE-AUTHORIZED DEBIT AGREEMENT PAYOR'S AGREEMENT FOR SPORADIC PADs

### Account holder name and account number

Last and first name(s) of account holder(s)		Telephone No.	
Address (street, city, province)		Postal code	
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 FERME AUX PLEINES SAVEURS	c/o or e-mail address comptabilite@legumesbiologiques.com	
Address (street, city, province) 1038, rang Ste-Madeleine, St-André-Avellin, Québec	Postal code J0V 1W0	Telephone No. 819-983-4858

### Withdrawal authorization

I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s)), authorize the Payee to make one-time pre-authorized debits (PAD), from time to time, from my account with the aforementioned financial institution, for payments in line with our service agreement or defined as follows:

\_\_\_\_\_ Organic vegetables \_\_\_\_\_

which together constitutes a  personal/individual  business PAD

It is understood that the payee organization will obtain my authorization before any one-time or sporadic debit is debited from my account.

#### Change or cancellation:

I shall inform the Payee, in a timely manner, of any changes to this Agreement.

I retain my right to revoke my authorization at any time, with a pre-notification of 5 days (maximum 30 calendar days). To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at [www.cdnpay.ca](http://www.cdnpay.ca). 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](http://www.cdnpay.ca).

The financial institution shall reimburse me, on behalf of the organization, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a Personal PAD and within 10 business days for a Business 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 the Payee, without any liability or commitment on 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 account holder (s)

_____	_____
Signature of account holder	Date (dd/mm/yyyy)
_____	_____
Signature of a second account holder (Only if two signatures are required)	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.**