

Date : \_\_\_\_\_

**PRE-AUTHORIZED PAYMENT  
(Pre-authorized debit PAD)**

**CONFIRMATION**

Thank you for choosing Gaz Propane Rainville's pre-authorized monthly payment policy. In order for us to conclude our PAD agreement, we kindly require that you submit us the following information:

To : Gaz Propane Rainville Inc	Your Name: _____
280 St Charles Sud	Address: _____
Granby, Québec	_____
J2G 7A9	Tel: _____

- |  |                               |
|--|-------------------------------|
| 1. Name of the account:  | _____                         |
| 2. Financial Institution (transit no.):                                | _____                         |
| 3. Account number:   | _____                         |
| 4. Total amount of payment:<br>(If variable do not indicate an amount) | _____                         |
| 5. Frequency of payment:   | _____ monthly _____           |
| 6. Starting date of payment:   | _____                         |
| 7. Type of pre-authorized payment:                                     | business _____ personal _____ |

For PAD concerning fixed amount from bank amount

In the event the PAD amount being modified, we will send a written notice at least 10 days before the PAD. This is not applicable in the event the amount being reduced because of a change in the tax rates. PAD will be made on the last day of each month.

For variable PAD from bank account

We will forward a statement on the first day of each month which will indicate the amount. The withdrawal will be made on the 15<sup>th</sup> of each month.

For variable and fixed PAD by credit card

Payment will be taken 3 working days before the end of each month.

PDA may be cancelled upon reception of a 30 day written notice before the payment date at the address mentioned above.

Be informed that you have rights in the event a withdrawal having not been properly made. For example, you have the right to be reimbursed for any PAD that was not authorized or incompatible with the present PAD agreement. For any further information concerning your rights, please contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca) (ex: if a PAD is quoted 650 or 83, the member of the ACP which established the transfer of funds must inform the person that pays that he or she does not have recourses with regards to the ACPO regulations.)

Client's signature: \_\_\_\_\_ Date : \_\_\_\_\_