

PRE-AUTHORIZED PAYMENT

1. Contact information (block characters)

Last name: _____ First name: _____

Customer number:

Postal address: _____

City: _____ Province: _____ Postal code: _____

Telephone: _____

2. Bank account or credit card information

Branch transit number:

Financial institution number:

Deposit account number:

⑈ 0000 ⑈
⑆ 0 1 2 3 4 ⑆ 00 1
⑆ 2 3 4 5 6 ⑆ 7 ⑈

TRANSIT#
INSTITUTION#
ACCOUNT#

Financial institution: Name: _____

Branch address: _____

Credit card: Visa MasterCard American Express

Visa/MasterCard number

American Express number

Expiry date: Cardholder: _____
Month / Year

3. Pre-authorized debit (PAD)

You, the payer, authorize Reliance Protectron Inc. to debit from the above-mentioned bank account or credit card monthly fees of \$_____, taxes not included*, on the ____ day of the month or of the quarterly invoicing cycle.

Invoicing cycle: Monthly Quarterly

These services are for: personal or business reasons (check one)

You, the payer, may rescind this payment authorization at any time with 30 days' notice to Reliance Protectron. To that end, please call the number indicated below.

Signature of the bank account or credit card holder: _____

Name: _____
(block characters)

Date: _____

Signature of the joint bank account or credit card holder (if applicable): _____

Name: _____
(block characters)

Date: _____

You have certain rights of recourse if a debit is not compliant with the present agreement. For example, you have the right to receive reimbursement for all debits that are not authorized or are incompatible with the present PAD agreement. To find out more about your rights of recourse and the cancellation of a PAD agreement or to receive a cancellation form, please call your financial institution or go to www.cdnpay.ca.

*Total amounts will vary in accordance with changes in tax rates.

Send the completed form by post or fax:

Reliance Protectron Inc.
8481 Langelier Blvd.
Montréal, Québec H1P 2C3
T: 1 800 653-9111 – F: 1 888 462-2950