

Pre-authorized debit (PAD) is an ideal, flexible and quick method for paying fees due to SODEC. With your permission, SODEC will withdraw the amount due from the banking account of your choice. To register for the PAD service, fill out the form below, specify the fee to be paid and the withdrawal date, and include a void cheque. This agreement, which may become effective after the specified date on this form, is valid for only one withdrawal.

To subscribe to pre-authorized debit (PAD)

- Complete the form (all fields are required)
- Print and sign the form
- Scan the form
- Attach the completed form to your application on SOD@ccès

Client's Contact Information

Client Number, if known _____
 Quebec Enterprise Number (NEQ) _____
 Client Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Email _____

Information about the Client's Banking Account

Designated financial Institution _____
 Transit Number _____
 Institution Number _____
 Account Number _____
 Address _____
 City _____ Province _____ Postal Code _____

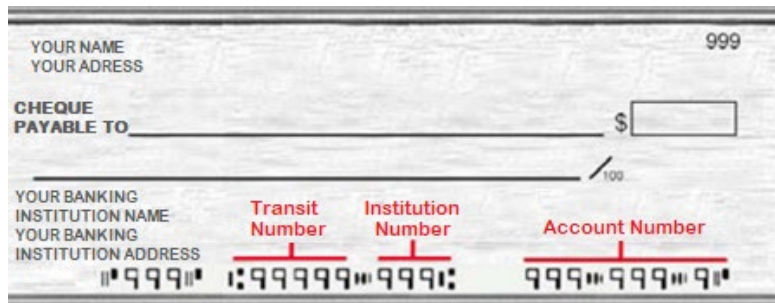
Project title _____

Payment Amount _____ **Payment Date** _____

Reason for payment

Type of Pre-authorized Debit Business Personal

Void Cheque Attached



Pre-authorized Debit (PAD) Plan Agreement

The applicant hereby authorizes the SODEC and listed financial institution, or any other financial institution the applicant may authorize at any time, to withdraw a single agreed-upon amount from his or her account specified among parties for the settlement of all fees charged to the applicant's account with SODEC.

This authorization remains in effect until SODEC receives a modification or termination notice from the applicant. The notice, to be sent to the email address below, must be sent to SODEC at least 10 business days before the expected debit date. Applicants may obtain a void cancellation form or more information about their right to cancel a PAD by contacting their financial institution or visiting www.cdnpay.ca.

The applicant is entitled to some rights of appeal if a debited transaction does not comply with this agreement. For instance, applicants have the right to receive reimbursement for unauthorized debit transactions or transactions that do not comply with this PAD agreement. For more information about rights of appeal, applicants may contact their financial institution or visit www.cdnpay.ca.

Signed at _____ on _____

Name:

Name: