Pre-Authorized Debit Authorization — Retail		
Yes, I would like to use National Bank of Canada's pre-authorized debit service for the payment of the National Bank Mastercard account bearing the following account number or of any other account that replaces it:		
1. Authorization		
I authorize National Bank of Canada to make pre-a	uthorized debits from the following bank account:	
Name of financial institution		
Branch address		
Station address		
Branch No.	Account No. (must be a chequing account)	
Name(s) of bank account holder(s) (please print)		
Name(s) of bank account holder(s) (please print)		
2. Amount		
Each month, on the due date for payment of the accordan amount equal to:	count statement, I request that the bank account ind	licated above be debited
☐ the total payment		
☐ the minimum payment (as calculated according to your credit card agreement and indicated in your account statement).		
This amount will be debited from your bank account even if another payment is made on the Mastercard account during the month.		
3. Consent		
As the holder of the bank account, I confirm that the that all persons whose signature is required for the below, I acknowledge having read the <i>Pre-Authoriz</i> a waiting period may apply before the first debit.	e bank account indicated above have signed this au	uthorization. By signing
Signature of bank account holders		
_		
Signature		

Please send this authorization by fax to 514-394-6955 or mail it to Mastercard Solutions – Transit 1792-1, 600 De La Gauchetière Street West, Montreal, Quebec H3B 3B5, with a cheque specimen bearing the mention "VOID". For more information, call us at 1-888-969-2273 or 514-394-1427.

X Signature



Date (mandatory)



Pre-Authorized Debit Agreement – Retail

1. Authorization

As the holder of the bank account identified in section 1, I authorize the bank to debit the bank account indicated in section 1 to pay the credit card account mentioned on page 1.

2. Fee for insufficient funds

I must make sure that the amount to be debited from our bank account is available. Otherwise, a fee for insufficient funds may be charged to my Mastercard account.

3. Debit not honored

If a preauthorized debit cannot be honored, I remain responsible for the payment of the Mastercard account.

4. Cancellation

I may cancel this authorization at any time with a 30 day prior written notice. I may obtain a cancellation form and more information on my right to cancel this authorization by contacting the financial institution responsible for processing the debit or by visiting www.payments.ca. However, I remain responsible for the payment of amounts due.

5. Changes to the bank account

I must inform the bank in writing of any change to the bank account at least 30 days prior to the next preauthorized debit.

6. Waiver

I waive my right to receive a notice indicating the amount to be debited from the bank account and the date of the debit 10 days prior to the date of the first scheduled preauthorized debit. I also waive my right to receive such a notice if I request to modify the preauthorized debit.

7. Recourses

I have certain recourses if a preauthorized debit does not comply with this authorization. For example, I have the right to be reimbursed for any debit that was not authorized or is inconsistent with this authorization. To obtain more information on such recourses, I may contact the financial institution responsible for processing the debit or visit www.payments.ca.

8. Personal information

I authorize the bank to communicate personal information to another financial institution in order to give effect to this authorization.