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Société Kuujjumiut Inc.

PRE-AUTHORIZED DEBIT AGREEMENT

- Personal loan payments**
- Business loan payments**

Start Date: _____
End date: _____

Client Name(s)		Kuujjumiut Account Number
P.O. Box	Street Address	
City Kuujjuaq	Province Quebec	Postal Code J0M 1C0
Phone	Fax	
E-mail		

Name of Financial Institution	Street Address	
City	Province	Postal Code
Phone	Fax	
E-mail		

Account Type: Chequing Savings Other: (Specify)

Financial Institution #: _____

Transit #: _____

Account #: _____

Amount: \$ _____

Frequency: Monthly Bi-weekly Weekly Other (specify): _____

I, _____ hereby authorize Societe Kuujjumiut Inc. (the Company) to initiate pre-authorized debits to my bank account listed above at the above-named financial institution in the fixed amount specified. This authorization is to remain in full force and effect until Kuujjumiut Inc. has received written notice of cancellation.

I understand that I may cancel this authorization by providing 14 days written notice before the date of cancellation. A sample cancellation form can be obtained by visting www.cdnpay.ca

Also, I grant the Company the right to correct any debit / credit entries resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I further understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

KUUJJUAMIUT INC. P.O. Box 719, Kuujjuaq, Qc, J0M 1C0 (819)964-2625 fax:(819) 964-2167 jay@kuujjumiut.ca

Signed in Kuujjuaq, Quebec on: _____

Customer Signature(s) Loans Manager Signature