

Pre-Authorized Debit Authorization – Retail

Yes, I would like to use National Bank of Canada’s pre-authorized debit service for the payment of my National Bank credit card account bearing the following account number or of any other account that replaces it:

5 | 2 | 5 | 8 | | | | | | | | | | | | | | | | | | | | | |

1. Authorization

I authorize National Bank of Canada to make pre-authorized debits from the following bank account:

Name of financial institution

Branch address

Branch No.

Account No. (must be a chequing account)

Name of bank account holder (please print)

Name of bank account holder (please print)

2. Amount

Each month, on the due date indicated on my credit card account statement, I request that an amount equal to:

the total payment

the minimum payment (as calculated according to my credit card agreement and indicated in my credit card account statement)

be debited from my bank account mentioned above even if another payment is made on the credit card account during the month.

3. Consent

As the holder of the bank account, I confirm that the information provided in this form is accurate and complete. I confirm that all persons whose signature is required for the bank account indicated above have signed this authorization. By signing below, I acknowledge having read the *Pre-Authorized Debit Agreement - Retail* and agree to its terms, including the waivers in section 5. I understand that a waiting period may apply before the first debit.

Signature of bank account holders

Signature _____ Date (mandatory)

YYYY	MM	DD
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Signature _____ Date (mandatory)

YYYY	MM	DD
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Please send this authorization by fax to 514-394-6955*.
For more information, call us at 1-888-622-2783 or 514-394-1427.

IMPORTANT: This authorization must be sent along with a cheque specimen bearing the mention “VOID”.

* This authorization can also be submitted at any National Bank branch.

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. I acknowledge that this authorization is for personal pre-authorized debits.

2. Debit not honored

If a pre-authorized debit cannot be honored, I remain responsible for the payment of the credit card account.

3. 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 my financial institution or by visiting www.payments.ca. However, I remain responsible for the payment of amounts due.

4. 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 pre-authorized debit.

5. Waivers

I waive my right to receive, 10 days prior to each pre-authorized debit, a notice indicating the amount and the date of the debit. I also waive my right to receive such a notice when I myself have requested a change to the pre-authorized debits.

6. Recourses

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

7. Personal information

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