

1. INFORMATION ON THE EMPLOYER

Employer name		Employer's CCQ number	
No.	Street	Telephone number	
P.O. box	City	Province	Postal code

2. INFORMATION ON YOUR BANK ACCOUNT

Name of financial institution			
No.	Street	P.O. box	
City		Province	Postal code

Please attach a sample cheque marked "cancelled"

3. PREAUTHORIZED DEBIT (PAD) AGREEMENT FOR COMPANIES

I authorize the Commission de la construction du Québec (hereinafter the CCQ) to make withdrawals from the account with the number _____, on the 15th day of each month, in order to pay the money due for my company's monthly reports. I waive my right to receive a notice from the CCQ 10 days before the due date confirming the amount to be withdrawn. Upon receipt of my request, the CCQ will contact me to notify me of the date on which the preauthorized debit will come into effect. In the meantime, I will use the usual mode of payment. I agree to inform the CCQ of any changes to the information disclosed in the preauthorized debit registration form, and I understand that any such modification will not cancel the present agreement. I may revoke this agreement by giving 30 days' written notice to the CCQ.

I understand that it is my responsibility to revoke the present agreement if I mandate a third party (payroll service or accounting firm) to pay my monthly reports in order to avoid a double withdrawal.

I also understand that I have rights if a debit made does not comply with the present agreement. For example, I have the right to be reimbursed for all debits that are not duly authorized or that do not comply with the conditions of the present preauthorized debit agreement. For more information on my rights or on how to revoke the present PAD agreement, or to obtain a cancellation form, I can contact my financial institution or visit the website of Payments Canada, at www.payments.ca.

4. SIGNATURE

You must provide proof that you are authorized to sign this registration form. For example, in the case of a sole proprietorship or a partnership, this proof could be a power of attorney. In the case of a corporation, it could be a resolution of the board of directors or a unanimous shareholder agreement.

Signature of the authorized person

Date (YYYY-MM-DD)

Please return this form, duly filled out and signed, along with the proof that you are authorized to sign it, using the **Contact Us** form, available in the online services, and attach the sample cheque.