



### 1. INFORMATION ON THE COMPANY

Company name		Employer 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 hereby authorize the Commission de la construction du Québec (hereinafter the CCQ) to make withdrawals from my account No: \_\_\_\_\_, on the 15<sup>th</sup> of each month to pay the remittances for my monthly reports transmitted by telephone or through the CCQ's online services. Therefore, I waive my right to receive a written notice from the CCQ, 10 days before the due date, indicating the amount to be withdrawn. Upon receipt of this request, the CCQ will communicate with me in writing to advise me of the date that my preauthorized debit agreement will come into force. In the meantime, I will use my usual payment method. It is understood that my verbal authorization will suffice to debit my account on a date other than the 15<sup>th</sup> of the month. I will inform the CCQ in writing of any changes regarding the information given on the authorization form. I have the right to certain recourses if a debit does not comply with the present agreement. For example, I have the right to be reimbursed for any debit that was not authorized or is not in compliance with the conditions of the present preauthorized debit agreement. To obtain more information on my rights of recourse or my right to cancel a preauthorized debit agreement, I can contact my financial institution or visit the Payments Canada website at [www.payments.ca](http://www.payments.ca). I can revoke this agreement by sending a 30-days written notice to the CCQ.

### 4. SIGNATURE

_____	_____
Signature of account holder	Date (YYYY-MM-DD)
_____	_____
Signature of second account holder	Date (YYYY-MM-DD)

N. B.: If this is an account for which a number of signatures are required, all account holders must sign.

#### Please print out and return the duly signed form:

- In the online services at [sel.ccq.org](http://sel.ccq.org) (send the digitized file by clicking on the Contact Us button on the Help page)
- OR
- by fax to 514 341-0720