

Preauthorized Payments

Recipient:

Alimplus Inc. - Estrie Division
340, route 235
Ange-Gardien-de-Rouville (Quebec) J0E 1E0
Phone : (450) 293-3626

Alimplus Inc. - Montréal Division
9701, L.-H. Lafontaine
Anjou (Quebec) H1J 2A3
Phone : (514) 274-5681

Drawee's Authorization

We authorize Alimplus Inc. and the designated financial institution (or any other financial institution that we may authorize at any time) to begin to deduct amounts on an occasional, as-needed basis, in payment of any amounts charged to our account(s) with Alimplus. The payments for the amount of the services rendered will be charged to our account according to the credit limits established with company managers, that is, _____ days after the billing date. We will receive 5 days' advance notice by way of a statement of account indicating the amount to be debited and the debit date.

We recognize that the present authorization regards only business debits, in accordance with Rule H1 of the Canadian Payments Association.

This authorization will remain effective until Alimplus Inc. has received advance notice from us regarding any modification to or the cancellation of the authorization. The notice must be sent to Alimplus Inc. at the address indicated above and must be received by them at least 30 business days before the date of the next debit. We can obtain a sample cancelation form or more information on our right to cancel a Payor's Pre-Authorized Debit (PAD) by contacting our financial institution or at www.cdnpay.ca.

Alimplus Inc. may not directly or indirectly transfer the present authorization by operation of law, change in control, or otherwise, without giving us at least 30 days' advance notice in writing.

We have certain rights and recourse if a debit does not comply with the present agreement. For example, we have the right to receive a refund for any PAD that is not authorized or that is not compatible with the present PAD agreement. To obtain a refund request form or more information on our rights of recourse, we can contact our financial institution or see www.cdnpay.ca.

We undertake to advise the recipient, in writing, of any change to the account information included in the present authorization, before the next debit due date.

(PLEASE PRINT)	DATE : _____
Name(s): _____	
Client no. with Alimplus Inc.: _____ Type of service: Personal _____ Business _____	
Address: _____	
City: _____ Province: _____ Postal code: _____	
Phone: (office) _____ (home) _____	

Financial institution: _____
Branch address: _____ City: _____
Financial institution number: _____ Branch number: _____
Your account number: _____
The individual, partnership, company or other entity named above must be the account holder.

Applicant's signature: _____
Applicant's signature: _____
This request must be signed by the owner of the business, or by an associate in the case of a partnership, or by the president, secretary or treasurer in the case of an organization or company.
IMPORTANT: Please include a specimen of a cancelled cheque when returning this form. If your cheque is not personalized, please also include written confirmation from your financial institution, including information that identifies you, and write your name and account number on the back of the cheque