

Repayment by pre-authorized debit

Registration Modification

I/We hereby authorize the Ministère de l'Emploi et de la Solidarité sociale to receive an amount from my/our financial institution by pre-authorized debit in order to recover a debt owed to it. The amount will be debited to the financial institution account number shown in this Authorization, in compliance with the Canadian Payments Association rules.

This Authorization is valid until such time as the Ministère's Centre de recouvrement is notified of a modification hereto or the cancellation hereof. Such notification must be received at least **ten business days prior to the scheduled date of the next debit**. I/We may obtain a sample cancellation form and additional information about how to cancel a pre-authorized debit by contacting the financial institution or by visiting the Canadian Payments Association website (www.cdnpay.ca).

This Authorization also obliges me/us to inform the Ministère in writing of any change regarding the financial institution account prior to a debit.

I/We have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is unauthorized or is inconsistent with this Authorization. I/we can obtain a reimbursement claim form or additional information by contacting the financial institution or by visiting the Canadian Payments Association website (www.cdnpay.ca).

The Ministère may not assign this Authorization, whether directly or indirectly, by operation of law, changes of control or otherwise, without providing me/us with at least **ten days' prior written notification**.

Identification (please print)

Last name, first name		File number	
<input type="text"/>		<input type="text"/>	
Address		City, village or municipality	
<input type="text"/>		<input type="text"/>	
Province	Postal code	Telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Bank account (please print)

Name of financial institution		Account number	
<input type="text"/>		<input type="text"/>	
Address		City, village or municipality	
<input type="text"/>		<input type="text"/>	
Province	Postal code		
<input type="text"/>	<input type="text"/>		

<input type="text"/>	<input type="text"/>
Date	Signature (as it appears on your cheques)
<input type="text"/>	<input type="text"/>
Date	Signature (as it appears on your cheques)

Mail it together with a blank cheque marked «VOID» to the following address:

Opérations financières – Division des encaissements
Case postale 16300, Terminus postal
Québec (Québec) G1K 8Y4

Protection of personal information

The information collected by the Ministère de l'Emploi et de la Solidarité sociale is treated as confidential and will be used only for managing the debtor's file. Access to the information is restricted to authorized persons. The Ministère will forward to the Ministère des Finances du Québec the information required to apply the pre-authorized debit amounts toward repayment of the debt. You are entitled to be informed about the information regarding you that is held by the Ministère, to receive such information and to request corrections. Requests must be submitted in writing to the person in charge of access to documents and the protection of personal information at the Ministère de l'Emploi et de la Solidarité sociale.

