



**SUBSCRIPTION AGREEMENT**  
*Monthly Agreement*  
**MyPaycheque.net**

Contract No.	Page 1/2
Representative's Name	

**Section 3 – Payment**

**Monthly Payment**

The Subscriber permits the Company to monthly to bill his or her credit card or debit his or her bank account on the 1st day of each month in the amount indicated below.\*\*\*

Payment Method <input type="checkbox"/> Credit card (complete Annexe I A) <input type="checkbox"/> Pre-authorized debit (complete Annexe I B)	Authorized Amount (\$)
Day of Monthly Payment The 1st of each month	<b>Variable</b>

\*\*\* The first invoice is calculated based on the number of days between the subscription day and the date set for the monthly deduction.

**Annexe I – Payment Method Information**

**A) Credit Card**

Type <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard	Card Number	Expiration
Name of Cardholder	Signature	

**B) Pre-Authorized Debit (PAD)**

This agreement only concerns the payment of user fees and specifically excludes all other transactions between the subscriber (called the payer) and the Company. This authorization can be cancelled at any time upon written notice by the payer sent by registered mail to the address mentioned below. The cancellation of the present authorization does not cancel the contract for goods and services that exists between the payer and the Company. The PAD agreement only applies to the payment mode and has no incidence on the contract for goods and services provided.

The payer agrees that:

- He/she authorizes the Company and the financial institution which he/she indicated (or any other financial institution which he/she could authorize in writing at any time) to begin to deduct according to his/her instructions, monthly repetitive amounts and/or occasional specific payments for the payment of all the amounts carried to the debit of his/her account with the Company. Periodic monthly payments of the integral amount for services rendered will be carried to the debit of the payer's account the 5th day of each month or any other day agreed upon with the payer. The Company will give ten (10) working days' written notice of the amount of each periodic debit. The Company will require authorization for any other specific or sporadic debit.
- The present authorization is signed for the Company and the financial institution listed below, according to the financial institution's agreement to process pre-authorized debit payments according to the regulations of Payments Canada.
- All those required to sign the agreement have done so.
- Remitting this authorization to the Company constitutes a remittance by the payer to the financial institution. All remittances of the present authorization constitute remittances by the payer.
- The financial institution is not required to verify that the PAD was issued according to the details of the payer's PAD agreement, notably, but not limited to, the debit amount.
- The financial institution is not required to verify that the object of the payment for which the PAD was issued was respected by the Company as a condition of accepting the PAD that the Company issued or had issued on the payer's account.
- All PADs mentioned in this contract are business PADs.

The payer will receive written notice from the Company with details of the amount of the PAD and the date or dates of the debit and this notice must be received each time there is a change in the amount or payment date or dates. The account on which the Company is authorized to make pre-authorized debits is indicated below. **A specimen cheque on this account marked VOID is to be attached to the present authorization.** The payer commits to giving the Company written notice of any change concerning the account on which he/she indicated PADs to be drawn.

This authorization shall remain in full force and effect unless the Company receives notice of modification or cancellation at least ten (10) working days prior to the due date of the next debit of the payer's account. The payer can obtain a copy of the cancellation form, or other information on his/her right to cancel this PAD agreement by contacting his/her financial institution or by visiting <https://payments.ca/>.

The Company cannot transfer the present authorization, either directly or indirectly, by application of the law or otherwise, without giving the payer at least ten (10) days' written notice.

For any additional information or to exercise a remedy, the payer can contact the Company at 1 800 862-5922, by mail at 1291 Jules-Verne Avenue, Suite 300, L'Ancienne-Lorette, QC G2E 6L6 or by email at [sales@acceo.com](mailto:sales@acceo.com).

As the payer you have certain rights of appeal if a debit does not comply with the present agreement. For example, you have the right to receive the repayment of any debit which is not authorized or which is not compatible with this PAD agreement. To obtain more information on your rights of appeal, contact your financial institution or visit <https://payments.ca/>.



**SUBSCRIPTION AGREEMENT**  
*Monthly Agreement*  
**MyPaycheque.net**

Contract No.	Page 2/2
Representative's Name	

Name of Financial Institution	Account Number
Address	
Name of Account Holder	Signature
Name of Account Holder	Signature

The Subscriber authorizes the Company to debit the following credit card or bank account in the amount of twenty dollars (\$20) to cover the cost of any payment refused by its financial institution.

Method of Payment	Authorized Amount (\$)
<input type="checkbox"/> Credit card (complete Annexe I A) <input type="checkbox"/> Pre-authorized debit (complete Annexe I B)	20 00

**Section 4 – Approval**

**I have read and accept the general terms and conditions described herein.** I acknowledge that all information provided is accurate. I consent to the disclosure to sponsor members of any personal information contained in the Payer PAD agreement insofar as such disclosure of personal information is directly related and necessary to the proper application of Rule H1 of Payments Canada.

Signature of Subscriber's Representative	Signature of ACCEO Solutions Inc. Representative	Date
--	--	------