



Pre-authorized debit agreement (personal PAD)

1. TYPE OF APPLICATION

ENROLMENT

Do you have a Multi Card?

Yes No

Multi card no.:

RENEWAL

Were you already enrolled in the FIDÉLITÉ Program?

2. MEMBER INFORMATION

Last Name: First Name: Gender: F M

Year of Birth:
(YYYY)

RESIDENTIAL ADDRESS

Number: Street: Apt. No.:

City: Postal Code: E-mail:

Home Telephone: Work Telephone: Extension:

3. TYPE OF PASS

REGULAR SENIOR (Proof of age required) ECHO (conditional to eligibility)

Please indicate the desired start date of the pass:
Month (MM) Year (YYYY)

4. MEMBER STATEMENT

- I certify the accuracy of the information provided on this enrolment / renewal form.
- I have read the FIDÉLITÉ Program terms and conditions posted at sto.ca (general terms and conditions, renewal method, cancellation terms and conditions, pass type modification, change in financial institution, moving, miscellaneous, STO pass on the OC Transpo system) and I agree to comply with all of the provisions.
- I authorize my financial institution to withdraw the amounts ordered by the Société de transport de l'Outaouais from my bank account on the 25th day of the month or the next business day, if it is a statutory holiday, as long as my subscription remains active;
- **I agree to waive the pre-notification requirements of the Canadian Payments Association of the amount(s) and due date(s) debited from my account and every time there is a change in the amount(s) or payment date(s) of those debits.**
- **Enrolment in the FIDÉLITÉ Program is annual and the pass is renewed automatically** unless a cancellation form, available at sto.ca, is duly completed and submitted to the Finance Department at the STO **by the 15th day of of the month.**
- I have certain rights of recourse if a debit is not in accordance with this agreement. For example, I have the right to receive a reimbursement for any PAD that is not authorized or is not compatible with this PAD Agreement. For more information on my rights of recourse, I can contact my financial institution or visit www.paiements.ca.

I have read and agreed to the terms and conditions mentioned above.

I am including a sample cheque marked VOID for the account to be debited.

5. MEMBER AUTHORIZATION

Member Signature

Account Holder Signature (if different)

Date (YY/MM/DD)

Send us this completed form with a sample cheque marked "VOID", no later than the 15th day of the month, in one of the following ways:

- by mail, to the Finance Department of the Société de transport de l'Outaouais (STO), 111 Jean-Proulx Street, Gatineau (Quebec), J8Z 1T4;
- by email at fidelite@sto.ca;
- in person, at one of our service points :
 - GALERIES AYLMEYER (181, rue Principale, Aylmer sector, Gatineau, (Québec) J9H 6A6)
 - STATION DE LA CITÉ (459, boul. de la Cité Gatineau, (Québec) J8T 0C8)
 - STO (ADMINISTRATION) (111, rue Jean-Proulx Gatineau, (Québec) J8Z 1T4)
 - CANEVAS (425, boul. Saint-Joseph - entrance to IGA Gatineau, (Québec) J8Y 3Z8)

For more information, write to fidelite@sto.ca or call 819-770-3242.
Visit the sto.ca/tarifs to learn about the current fares.

RESERVED TO ADMINISTRATION

Nom de l'agent :

Point de service :

Montant payé :

Date (JJ/MM/AAAA) :