

This form is used as part of a repayment agreement between a debtor and the Ministère de l'Éducation, du Loisir et du Sport and, if applicable, a third party who agrees to repay part or all of the student debt. The form must be completed by the person who wishes to authorize the use of preauthorized debit or who wishes to modify or cancel a previously-granted authorization. It must be returned to the address provided at the bottom of this page. The financial institution concerned must be located in Canada.

Please read the "Additional Information" section carefully before filling out the form.

## Section 1 Debtor's Personal Information

Last name  Permanent code assigned by the Ministère

First name  Social insurance number

Number  Street  Direction (North, South, East, West)

Apartment  Municipality

Municipality (cont.)  Province  Postal code  Telephone number (home)

Country  Other telephone number

E-mail address

### Personal Information Related to a Third Party Payor

This subsection should only be completed if a third party agrees to repay part or all of the student debt.

Last name

First name

## Section 2 Conditions Related to Personal Preauthorized Debit

Specify the reason(s) you are filling out this form.

- Authorization of preauthorized debit
- Cancellation of authorization of preauthorized debit
- Change in the frequency or amount of preauthorized debit
- Change in the account or financial institution  
(Fill out the appropriate space[s] in section 3.)

Indicate the date of the first debit payment or the effective date of the cancellation or change.  Date

(This date must be within the 4-week period beginning on the date on which the form is sent.)

Indicate the frequency and amount of preauthorized debit.

	Amount
<input type="checkbox"/> Every month .....	\$ <input type="text"/>
<input type="checkbox"/> Every two weeks .....	\$ <input type="text"/>
<input type="checkbox"/> Every week .....	\$ <input type="text"/>
<input type="checkbox"/> Twice a month (Your account will be debited on the 1st and the 15th day of each month.).....	\$ <input type="text"/>

**NOTE:** If you do not have the necessary funds in your account, you must inform the Service du recouvrement (debt collection service) of Aide financière aux études at least 5 business days before the scheduled debit date. If you fail to do so and the financial institution is unable to debit the amount, charges will be added to the student loan balance.

# Section 3 Financial Institution

Provide the information related to your account or your financial institution. Please note that your financial institution must be located in Canada. If you wish to change any information you have already provided, fill out the appropriate space(s) only.

Name of financial institution

\_\_\_\_\_

Number Street

Direction  
(North, South, East, West)

\_\_\_\_\_

Municipality

\_\_\_\_\_

Province

Postal code

Telephone number

Transit number

Chequing account number (folio)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must include a specimen cheque on which you have written NULL or VOID with this form, duly completed. (Do not sign the cheque.)

# Section 4 Consent

I hereby confirm that I have read and fully understood the "Additional Information" section of this form. I understand and accept the conditions pertaining to preauthorized debit. I agree to inform Aide financière aux études of any change regarding my financial institution or account or of any other relevant change within 30 days. I authorize Aide financière aux études and my financial institution to pay Aide financière aux études by preauthorized debit from my account, according to the frequency and amount indicated in section 2 in order to implement this student loan repayment agreement, in accordance with the Canadian Payments Association. I certify that all persons whose signatures are required for the preauthorized debit on my account have signed this form.

I acknowledge that the delivery of this authorization constitutes delivery by me to my financial institution. I understand that, in order to enable my financial institution to debit my account, Aide financière aux études may provide it with the following information: my first and last names, my account number, the frequency and amount of the preauthorized debit. If I am the debtor, Aide financière aux études may also provide my address to my financial institution.

Signature of account holder  \_\_\_\_\_

Date  
Y M D  
|\_|\_| |\_|\_| |\_|\_|

Signature of account co-holder  \_\_\_\_\_

Date  
Y M D  
|\_|\_| |\_|\_| |\_|\_|

Signature of debtor if a third party agrees to repay part or all of the debt  \_\_\_\_\_

Date  
Y M D  
|\_|\_| |\_|\_| |\_|\_|

# Section 5 Additional Information

**Personal information:** The personal information you provide in this form will be used to debit your account according to the frequency and amount indicated in section 2. Only the authorized debt collection officers of Aide financière aux études have access to this information in order to perform their duties. If you wish to have access to your personal information on file at Aide financière aux études, you must request it in writing. Please note that you may have this information changed or corrected. If you are the debtor, you must inform Aide financière aux études of any change of address.

**Preauthorized debit:** Preauthorized debits are carried out according to the frequency you indicated in section 2. If a payment due date falls on a non-business day, the amount will be debited on the following business day. You may, at any time, change the amount and frequency of the debit or the information related to your account and financial institution, or you may cancel the authorization given. To do so, you must fill out a new authorization form. Sections 2 and 3 of this form allow you to make the necessary modifications. The preauthorized debit will automatically be cancelled as soon as the repayment agreement expires or as soon as you have repaid the student loan debt in full. If an overpayment is made to Aide financière aux études, it will be repaid in full to the debtor.

You are entitled to certain rights of recourse if a debit does not comply with this agreement. For example, you are entitled to the repayment of any debit that is not authorized or that does not comply with this agreement. For more information on your rights of recourse, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Debtor:** If you are the debtor and you decide to cancel the preauthorized debit before having repaid your debt in full, contact the Service du recouvrement of Aide financière aux études at least 5 working days in advance at 1-866-615-5100 to terminate this agreement and work out new repayment terms and conditions. You must also contact that service if a third party is responsible for the repayment of your student debt and wishes to terminate the repayment agreement.

To obtain a cancellation form or information on your right to cancel a preauthorized debit, contact your financial institution or visit the Web site of the Canadian Payments Association at [www.cdnpay.ca](http://www.cdnpay.ca). Note that this form may also be used to cancel a preauthorized debit.

**Additional payment:** You may make an additional payment at any time by sending a cheque to Aide financière aux études. This payment will be added to the amounts repaid through preauthorized debit, which will continue to be withdrawn according to the terms and conditions established.