

# How to Complete and Submit your Pre-Authorized Credit Card Payment Application

## When do I complete this form?

If you wish to apply for Pre-Authorized Credit Card Payment, or if you are already enrolled and wish to make changes.

If you wish to apply for Pre-Authorized Bank Payment visit [www.canadapost.ca/caf](http://www.canadapost.ca/caf) to download the application form.

## How do I complete this form?

- **If you have Acrobat Reader viewer only:** You can enter the data on the electronic version of this form, but will be unable to save a soft copy. If you do not have all the information required on the application at hand, you may prefer to print a blank form and complete it by hand. Sign the completed form and keep a photocopy of the signed form for your records.
- **If you have Acrobat edit capability:** You can save a copy of the form on your desktop and complete it electronically. Print one copy to be signed and keep a photocopy of the signed form for your records.

## How do I submit this form?

Include your Pre-Authorized Credit Card Payment Application with your Agreement Activation Form, or as directed by the Canada Post Credit Department.

**If you have any questions about this application, please contact the Credit Department at 1-800-267-7651.**

# Comment remplir et soumettre le Païement préautorisé par carte de crédit

## Quand faut-il remplir le formulaire?

Si vous voulez faire une demande de paiement par carte de crédit, ou si vous désirez faire des changements à votre profil.

Si vous voulez faire une demande de prélèvement bancaire automatique, veuillez visiter [www.postescanada.ca/caf](http://www.postescanada.ca/caf) afin de télécharger le formulaire de demande. Comment faut-il remplir le formulaire?

## Comment faut-il remplir le formulaire?

- **Si vous avez seulement le visualiseur Acrobat Reader :** Vous pouvez entrer les données dans la version électronique, mais ne pouvez pas les sauvegarder. Si vous n'avez pas toute l'information requise avec vous, imprimez une copie vierge du formulaire et remplissez-le à la main. Signez le formulaire dûment rempli et conservez une photocopie du formulaire signé dans vos dossiers.
- **Si vous avez la capacité de modifier vos fichiers Acrobat :** Vous pouvez sauvegarder une copie du formulaire sur votre écran principal et le remplir à l'ordinateur. Imprimez une copie à signer et conservez une photocopie du formulaire signé.

## Comment faut-il soumettre le formulaire?

Veuillez joindre votre Demande de paiement préautorisé par carte de crédit à votre Formulaire d'activation d'une convention, ou conformément aux directives du Service du crédit de Postes Canada.

**Si vous avez des questions au sujet de cette demande, communiquer avec le Service du crédit au 1-800-267-7651.**



Pre-Authorized Credit Card Payment

Paiement préautorisé par carte de crédit

- ☐ New Nouveau
- ☐ Change Modification d'un compte existant

PRE-AUTHORIZED CREDIT CARD PAYMENT TERMS AND CONDITIONS

I authorize Canada Post Corporation to draw on the credit card specified below for the purpose of making payments that are due on the account specified below.

If you choose to register your Credit Card with Canada Post Corporation you agree to: (a) provide true, current and complete information about yourself; and (b) maintain and promptly update information about yourself to keep it true, current and complete.

You consent to our receipt of your credit card information and our verification of and communication with third parties such as credit reporting agencies, credit bureaus, financial institutions or any person with whom you have or propose to have, financial dealings, from time to time, of your personal information. Canada Post Corporation will keep your personal information for as long as it remains necessary for the identified purposes or as required by law.

You agree that Canada Post Corporation may disclose your personal information to a person involved directly or indirectly in supplying the goods to you to the extent the personal information is required and used only for such purposes; or a person retained by Canada Post Corporation to enforce our legal rights against you, if the personal information is required for, and is to be used only for that purpose.

In addition, Canada Post Corporation may disclose your personal information if a law, regulation, search warrant, subpoena or court order legally requires Canada Post Corporation to do so.

You are responsible to keep your identification information such as User ID, password, Customer Number, Agreement Number and credit card number confidential. You should promptly notify Canada Post and your financial institution as applicable, if you become aware of unauthorized use, loss, theft or suspected breach of security. You are solely responsible for all charges incurred using your identification information such as User ID, password, Customer Number, Agreement Number and credit card number.

IN NO EVENT SHALL CANADA POST CORPORATION BE LIABLE TO YOU FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, INCIDENTAL, SPECIAL, COMPENSATORY OR PUNITIVE DAMAGES OR LOSSES, OR DAMAGES FOR LOSS OF INCOME, LOSS OF BUSINESS PROFITS, BUSINESS INTERRUPTION, LOSS OF DATA OR BUSINESS INFORMATION, OR LOSS OF OR DAMAGE TO PROPERTY, OR CLAIMS OF THIRD PARTIES, OR OTHER PECUNIARY LOSS, ARISING OUT OF OR RELATED TO THE USE OF YOUR CREDIT CARD TO CLEAR TRANSACTIONS POSTED TO YOUR ACCOUNT.

☐ **Yes, I have read the Terms and Conditions and I authorize my Canada Post account to be settled by Pre-Authorized Credit Card Payment from the Credit Card specified (check this box).**

☐ **Oui, j'ai lu les conditions. J'autorise que mon compte de Postes Canada soit payé par paiement préautorisé par carte de crédit (cochez cette case).**

Canada Post Account to be settled with Pre-Authorized Payment is: \_\_\_\_\_

Voici le compte de Postes Canada à régler par prélèvement automatique : \_\_\_\_\_

|                          |  |                                |                        |                                    |
|--------------------------|--|--------------------------------|------------------------|------------------------------------|
| <input type="checkbox"/> |  | Credit Card Owner              | Titulaire              |                                    |
| <input type="checkbox"/> |  | Card Number                    | Numéro de carte        | Date of Exp. Date d'exp.<br>MM Y A |
| <input type="checkbox"/> |  | Signature of Credit Card Owner | Signature du titulaire | Date<br>Y A MM D J                 |

The Customer warrants and guarantees that all persons whose signatures are required to sign on this credit card account have signed this Authorization.

Le client certifie et garantit que toutes les personnes dont la signatures est requise pour ce compte ont dûment signés la présente autorisation.

|                      |                     |                            |                                    |            |
|----------------------|---------------------|----------------------------|------------------------------------|------------|
| Authorized Signature | Signature autorisée | Name                       | Nom                                | Date       |
|                      |                     | Title                      | Titre                              | Y A MM D J |
| Telephone Number     | Numéro de téléphone | E-Mail Address (mandatory) | Adresse électronique (obligatoire) |            |

|                      |                     |                            |                                    |            |
|----------------------|---------------------|----------------------------|------------------------------------|------------|
| Authorized Signature | Signature autorisée | Name                       | Nom                                | Date       |
|                      |                     | Title                      | Titre                              | Y A MM D J |
| Telephone Number     | Numéro de téléphone | E-Mail Address (mandatory) | Adresse électronique (obligatoire) |            |