



REQUEST FOR AUTHORIZATION FOR AUTOMATIC DEBIT
Customer account information

Lumii Solutions account number: C _____

Bank account holder

First and last name of the customer:	
Address:	City:
Zip code:	Phone number:
Email address:	
Address where the service is provided:	

Client's financial institution

Name of financial institution:	Address of financial institution:
Financial institution number:	Financial institution transit number:
Account number to be debited:	

Preauthorized Debit Agreement for Individuals

IMPORTANT: Please submit this authorization, duly completed and signed, drawn on the account concerned or another document issued by your financial institution containing your account information. Give these documents to our technician during installation, email them to: info@lumii-solutions.com, bring them in person to our office, or mail them to the following address: 380 4th Avenue, P.O. Box 911, Saint-Jean-sur-Richelieu, Quebec, J2X 4J5.

I authorize **DÉVELOPPEMENT INNOVATIONS HAUT-RICHELIEU**, operating under the name Lumii Solutions (hereinafter referred to as "**Lumii Solutions**"), as well as the designated financial institution or any other financial institution that I may authorize at a later date, to collect recurring monthly amounts or one-time payments for the settlement of all amounts due in accordance with the terms of the contract between me and **Lumii Solutions**. Monthly payments, corresponding to the total amount of services provided, will be made on the twentieth (20th) day of each month or on a later date (note that the payment date may vary depending on each financial institution, resulting in an additional delay of five (5) business days). **Lumii Solutions** will endeavor to meet this date each month; however, if the bank is closed on that date, the debit will be postponed to the next business day.

The amount of the charges may vary, and details will be specified each month on the **Lumii Solutions** invoice. The following items may affect the amount charged:

1. Any non-recurring charges, including service cancellation fees (if applicable), any excess usage compared to the previous month, or other similar charges;

2. Any adjustments (credit or debit) related to service or billing issues. I may request a refund if a payment does not comply with this authorization or if it is canceled;
3. To request a refund, I must submit a claim form provided by my bank branch within ninety (90) calendar days of the date of the disputed charge;
4. After this ninety (90) day period, no refund requests will be accepted by **Lumii Solutions**. Refunds will be made by check payable to the individual or company.
5. This authorization remains in effect until **Lumii Solutions** receives notice of modification or termination from the Customer, no later than fifteen (15) business days prior to the scheduled date of the next debit. A cancellation form or information on the right to cancel a direct debit (*DPA*) is available from **Lumii Solutions**, my financial institution, or at www.paiements.ca. The financial institution is not responsible for failure to comply with the revocation, except in cases of negligence on its part.

In the event of a declined withdrawal due to insufficient funds, **Lumii Solutions** reserves the right to withdraw the funds from the company's account within thirty (30) days, with the addition of a fifty-dollar (\$50.00) fee.

I agree to notify **Lumii Solutions** in writing of any changes to the company's banking information or account details. *I* acknowledge that the company's financial institution is not responsible for verifying that debits comply with the authorization granted.

I confirm and guarantee:

1. That the banking and company account information provided is complete and accurate;
2. That all persons whose signature is required to authorize debits from the account have given their consent for these debits to be executed in accordance with this authorization.

I understand and accept the terms and conditions of this authorization and acknowledge that by submitting it to **Lumii Solutions**, I am also sending it to the financial institution mentioned above.

*Check this box to confirm your agreement

I confirm that the information provided above is accurate and I authorize **Lumii Solutions** to make automatic withdrawals in accordance with the terms and conditions of the Service Agreement.