



# TOOL FLEET MANAGEMENT



## Recurring Bank Authorization Form (Canada)

Date \_\_\_\_\_

I certify,

- that I am a signer on the account listed below with the authority to grant this authorization on behalf of (Name or Customer Name) \_\_\_\_\_
- that Customer has entered into a Fleet Management Agreement with Hilti (Canada) Corporation. ("FMA")
- that Hilti (Canada) Corporation and any of its agents, is authorized to initiate recurring charges as they become due on the below referenced account for the variable charges associated with the FMA via draft (ACH) or other Electronic Funds Transfers (EFT) for the amount of FMA Total Monthly Fees, which will be withdrawn on the 5th day of each month, in accordance with the terms of the FMA. debit the account for the amount of the FMA Total Monthly Fees
- that in the event that any such charge is unpaid or denied, I agree, in addition to paying such a charge, to have the account charged for an item fee of \$25.00, plus any applicable taxes.
- that in the event that additional products are added to the FMA, I agree to the associated increase of my monthly charge amount without prior notice.
- that this authorization by \_\_\_\_\_ (Name, Title and Company Name) shall remain in full force and effect and the authority herein given to Hilti, Inc. shall remain irrevocable until Hilti (Canada) Corporation shall remain irrevocable until Hilti, Inc. receives written notice from, nor shall it relieve Customer of its payment obligation or otherwise affect the terms of the FMA.
- I may revoke my authorization at any time, subject to providing written notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).

Company / Customer Name \_\_\_\_\_

**Direct Debit**

Transit # \_\_\_\_\_

Institution # \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Account # \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_

Hilti Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_

*Please Note: You will continue to receive invoices for your records.  
All charges will occur approximately on the 5th day of the month for that months billing.*

Please email form to:  
[ElectronicPayment@hilti.com](mailto:ElectronicPayment@hilti.com)