

Montreal, Québec  
560 Boul. Henri Bourassa W Suite 202.  
Montréal, Qc, H3L 1P4

Quebec  
3023 Boul. Hamel Suite 201  
Québec, Qc, G1P 4C6

Pickering  
1099 Kingston Road, Suite #269  
Pickering, Ontario, L1V 1B5



## Third Party Disclosure Consent Form

Dear Sir or Madam:

In completing and returning this form, you authorize Groupe Solution Collect to discuss your account with the Individual (s) mentioned below.

Account Number \_\_\_\_\_ / or Groupe Solution Collect File Number: \_\_\_\_\_

Creditor: \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of all information pertaining to my account referenced above, to the person(s) named below.

1. \_\_\_\_\_  
Surname Given Name Initial(s) Telephone

Relationship to debtor (for example: Spouse, Mother, Brother, Friend)

Address: Street Number and Name, Apartment or Unit#, City, Province, Postal Code, Country

2. \_\_\_\_\_  
Surname Given Name Initial(s) Telephone

Relationship to debtor (for example: Spouse, Mother, Brother, Friend)

Address: Street Number and Name, Apartment or Unit#, City, Province, Postal Code, Country

Full Name (print) Signature Date

Address: Street Number and Name, Apartment or Unit#, City, Province, Postal Code, Country

**\*Very important to note once completed this authorization is valid when transmitted via fax, sent by mail or email.\***

**Toll Free Fax: 1-888-716-4899**

Montreal, Québec  
560 Boul. Henri Bourassa W Suite 202.  
Montréal, Qc, H3L 1P4  
1-8666-531-1074

Québec  
3023 Boul. Hamel Suite 201  
Québec, Qc, G1P 4C6  
1-866-390-5378

Pickering  
1099 Kingston Road, Suite #269  
Pickering, Ontario, L1V IB5  
1-855-531-1075



## How to make a payment?

**Complete and sign the enrolment /authorization form below.**

Attach a personal or business blank cheque marked "void." or complete sections 1, 2 & 3 below  
Fax, Mail or email the enrolment /authorization form to our office, along with this month's  
Payment. Email: info@groupepsc.com

**Toll Free Fax: 1-888-716-4899**

**Attention: groupepsc Administration**

### Pre-Authorized Payment Authorization Form

#### SECTION 1

**1. Customer data.**

Name: \_\_\_\_\_ GSC ACCOUNT # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal CODE: \_\_\_\_\_  
Phone # : (Bus) \_\_\_\_\_ (Res): \_\_\_\_\_

I (we) \_\_\_\_\_ authorize Groupe Solution Collect Inc. to process a debit  
(debits), in paper, Electronic or other form in the amount \$ \_\_\_\_\_ on the date(s) indicated below  
My first payment will be withdrawn on the \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_.  
Day Month Year

Installments: Monthly  Bi-Monthly  Bi-weekly  Weekly  Other (specify)

#### SECTION 2

**2. Financial Institution Information (Print clearly)**

Type of service: Personal  Business

Account Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Institution Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal CODE: \_\_\_\_\_

#### SECTION 3

Comments

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Once the form is completed, you can send it by email, by fax or by mail to:

Groupe Solution Collect  
202-560 Henri-Bourassa West  
Montreal (Quebec) H3L 1P4  
Tel: 1-888-531-1074 Fax : 1-866-716-4899  
Posting@groupepsc.com