

**STO**Société de transport  
de l'Outaouais**FIDÉLITÉ PROGRAM  
CANCELLATION FORM**

Pre-authorized debit agreement (personal PAD)

**1. MEMBER INFORMATION**

Last Name:  First Name:  Gender: F  M   
 Year of Birth:  Multi card no.:   
 (YYYY)

**RESIDENTIAL ADDRESS**

Number:  Street:  Apt. No.:   
 City:  Postal Code:  E-mail:   
 Telephone:

**2. TYPE OF PASS**

REGULAR  SENIOR  ECHO

Subscription end date:    
 Month (MM) Year (YYYY)

Reason for cancellation:

**3. MEMBER STATEMENT**

- I hereby cancel my enrolment in the FIDÉLITÉ Program and the authorization to process pre-authorized debits on my bank account. I acknowledge that this cancellation does not terminate any other obligation I may have towards the beneficiary.
  - I acknowledge that my "FIDÉLITÉ Program" Smart card pass will become invalid on the first day of the month following the notice of cancellation.
  - If my cancellation request is submitted before the one-year term has ended and for a reason other than those accepted\*, I shall owe the discount for each month of use of the annual pass (every month started shall be due).
    - \* The annual enrolment can be cancelled at the member's request without any fees owing to the Société de transport de l'Outaouais when the member is unable to use the pass for a period less three months for one of the following reasons:
      - Work stoppage (loss of employment or illness) – record of employment or medical certificate REQUIRED
      - Death of the program member – declaration of death REQUIRED
      - Maternity, parental or paternity leave – record of employment REQUIRED
- Requests for refunds will not be accepted after the cancellation date, except for the reasons listed above.
- Within 30 days following termination of my enrolment, I shall return the Smart card pass linked to the contract to the STO, failing which an additional amount of \$20.00 (tax exempt) will be debited from my account.
    - by mail at 111, rue Jean-Proulx, Gatineau, J8Z 1T4
    - at one of our service points.

I have read and agreed to the terms and conditions mentioned above.

**4. MEMBER AUTHORIZATION**

Member Signature

Account Holder Signature (if different)

Date (YY/MM/DD)

Send us this completed form no later than the **15th day of the month**, in one of the following ways:

- by mail, to the Finance Department of the Société de transport de l'Outaouais (STO), 111 Jean-Proulx Street, Gatineau (Quebec), J8Z 1T4;
- by email at [fidelite@sto.ca](mailto:fidelite@sto.ca);
- in person, at one of our service points :
  - GALERIES AYLMEYER (181, rue Principale, Aylmer sector, Gatineau, (Québec) J9H 6A6)
  - STATION DE LA CITÉ (459, boul. de la Cité Gatineau, (Québec) J8T 0C8)
  - STO (ADMINISTRATION) (111, rue Jean-Proulx Gatineau, (Québec) J8Z 1T4)
  - CANEVAS (425, boul. Saint-Joseph - entrance to IGA Gatineau, (Québec) J8Y 3Z8)

For more information, write to [fidelite@sto.ca](mailto:fidelite@sto.ca) or call 819-770-3242.  
 Visit the [sto.ca/tarifs](http://sto.ca/tarifs) to learn about the current fares.

**RESERVED TO ADMINISTRATION**

Nom de l'agent :

Point de service :

Date (JJ/MM/AAAA) :