

Name of the authorized representative: \_\_\_\_\_

Contract no: \_\_\_\_\_

## SERVICE CONTRACT

*Happy employees > Satisfied customers > Profitable company*

**Everyone wins!**

Date: \_\_\_\_\_

### Billing Information

First name: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Telephone no: \_\_\_\_\_ Email: \_\_\_\_\_

First name: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Telephone no: \_\_\_\_\_ Email: \_\_\_\_\_

### Services

Number of Employees	À la carte	Services Included
<input type="checkbox"/> 0 <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-149 <input type="checkbox"/> 150-250	<input type="checkbox"/> Recruitment <input type="checkbox"/> Job profile <input type="checkbox"/> Employment contract <input type="checkbox"/> Employee handbook <input type="checkbox"/> Onboarding of new employees <input type="checkbox"/> Management of disciplinary files <input type="checkbox"/> Conflict resolution <input type="checkbox"/> Development of HR policies <input type="checkbox"/> Management of CNESST matters <input type="checkbox"/> Management of employee benefits <input type="checkbox"/> HR diagnostics <input type="checkbox"/> Action plan <input type="checkbox"/> Succession plan <input type="checkbox"/> Development of performance indicators <input type="checkbox"/> Individual consultation <input type="checkbox"/> Change management <input type="checkbox"/> Payroll services <input type="checkbox"/> Criminal background checks <input type="checkbox"/> Management of 1% of payroll for training purposes <input type="checkbox"/> Total compensation <input type="checkbox"/> Pay equity <input type="checkbox"/> Organizational transformation <input type="checkbox"/> Coaching for management and employees <input type="checkbox"/> Mass termination <input type="checkbox"/> Harassment investigation <input type="checkbox"/> International recruitment	<input type="checkbox"/> <b>Evolution Package</b> - Recruitment - Job profile - Employment contract - Employee handbook - Onboarding of new employees - Management of disciplinary files - Conflict resolution - Development of HR policies - Management of CNESST matters - Management of employee benefits - HR diagnostics - Action plan - Succession plan - Development of performance indicators - Individual consultation



THIS FORM IS FOR INTERNAL USE ONLY

## PAD AGREEMENT Preauthorized Debits

Contract no

### 1. CUSTOMER CONTACT INFORMATION

Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Telephone no: \_\_\_\_\_ Cellphone : \_\_\_\_\_

### 2. BANK ACCOUNT INFORMATION (ATTACH A SPECIMEN CHEQUE)

Deposit account number: \_\_\_\_\_

Branch transit number: \_\_\_\_\_

Financial institution number: \_\_\_\_\_  Checking account

Savings account

Name of the institution: \_\_\_\_\_

Branch address: \_\_\_\_\_

### 3. DETAILS OF THE PREAUTHORIZED DEBIT (PAD)

You, the payer, authorize HR SUPPORT to debit the above-mentioned bank account in the amount of \_\_\_\_\_ \$ each time the value of the services you have purchased, including applicable taxes, reaches this amount, for contract # \_\_\_\_\_

You, the payer, may revoke your authorization at any time upon providing a 30-day notice. To obtain a specimen cancellation form or for more information about your right to cancel a PAD agreement, please contact your financial institution. The payer is aware that the termination of this PAD agreement has no effect on the contract for goods or services entered into between the payer and HR SUPPORT.

Account holder's signature \_\_\_\_\_

Joint account holder's signature (if applicable) \_\_\_\_\_

Name (printed) \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You have certain recourse rights if a debit is not in accordance with this agreement. For example, you have the right to receive a refund of any unauthorized or non-compliant debit under this PAD agreement. For more information on your recourse rights, please contact your financial institution.

### CREDIT CARD - SECTION RESERVED FOR RESTRICTED USE

#### 4a. CREDIT CARD INFORMATION (if the PAD is to be debited from a credit card)

VISA  
 MC  
 AMEX

\_\_\_\_\_

Expiration date \_\_\_\_\_

#### 4b. CREDIT CARD INFORMATION (if payment for the devices is to be debited from a credit card)

VISA  
 MC  
 AMEX

\_\_\_\_\_

Expiration date \_\_\_\_\_

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The Service Provider agrees not to disclose any confidential information obtained during the provision of services, except with the written authorization of the Client.

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Service provider's signature

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Name (printed)

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Date:

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Signed at:

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Client's signature

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Name (printed)

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Date:

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Signed at: