

DIRECTION TO PAY MOUVEMENT DES CAISSES DESJARDINS (DOMESTIC POLICY)

This Direction to Pay is given in connection with Domestic Portfolio Credit Insurance Policy No. (the “Policy”) issued by the Insurers in the Coverage Certificate to (the “Main Insured”).

Terms defined in the Policy have the same meaning when used in this Direction to Pay. Once processed, this Direction to Pay will be sent by e-mail to the Caisse, the Fédération, each as identified below, and the Main Insured.

Name of the “Caisse”	
Branch Address	
Contact Name	
Telephone Number	
EmailAddress:	
Name of the “Fédération”	FÉDÉRATION DES CAISSES DESJARDINS DU QUÉBEC
Branch Address	1 Complexe Desjardins Case postale 7, succursale Desjardins, Montréal, Québec, H5B 1B2
Contact Name	Services Arrière-guichet Entreprises
Telephone Number	450 676-8390 or 1 844 440-2695
EmailAddress:	81530930.csp.arriereguichetentr.ccv@desjardins.com

Any reference to “Company” in this form includes the Main Insured and any Additional Insured covered under the Policy and for the purpose of this Direction to Pay, the Company is acting on its own behalf and on behalf of any Additional Insured under the Policy.

On behalf of my Company:

1. I direct the Insurers to pay directly to the Caisse, any monies that are now payable or that may become payable to my Company under the Policy (including any recoveries);
2. I consent to the Insurers providing the Caisse and the Fédération with all information and documents concerning the Policy which is also available to my Company, including information concerning my Company’s compliance with the terms and conditions of the Policy, declarations of sales (if applicable), Credit Approvals, overdue reports and losses and claims;
3. I understand and agree that, immediately following the date this Direction to Pay is noted in the Insurers’ records, the Caisse will, among other things, receive copies of, or otherwise be given access to, information related to Credit Approvals and defaults under, and termination of, the Policy;
4. I agree to the Insurers using any technology as the Insurers may choose from time to time for the purpose of providing any of the information referred to above to the Caisse and the Fédération;

5. I acknowledge that, if any of the information disclosed to the Caisse or the Fédération in conformity with this Direction to Pay is considered “personal information” as defined by the Privacy Act, it will only be disclosed in compliance with the Privacy Act; and
6. I acknowledge that this Direction to Pay cannot be revoked without the written consent of the Caisse.

This Direction to Pay is not an assignment of the Policy and does not give the Caisse or the Fédération any right against the Insurers whatsoever (including the right to file a claim or sue under the Policy).

The Insurers reserve the right to set-off any amount payable under the Policy or this Direction to Pay against any other amount owed to the Insurers by the Company or by the Caisse.

This Direction to Pay will apply to the Policy as it may be renewed, extended or amended from time to time.

Main Insured Name	
Authorized Signature	
Date	

This Direction to Pay has been accepted and noted in the records of the Insurers on _____ .

EXPORT DEVELOPMENT CANADA, for the Insurers

By	
Name	
Title	