

		(name of Principal¹ OPUS
cardholder), hereby authorize(name of Representative ²), as my representative, to take any action necessary to (check action):		
	, ,	, ,
	Recover my OPUS card without	photo
	Reactivate my OPUS card without photo	
	Renew my OPUS card without photo	
	Replace an OPUS card registere	ed in my name
	Load the Free 65+, All Modes A	fare on my photo OPUS card
	Exchange or refund fares in acc régionale de transport métropolit	ordance with the policy set out by the <u>Autorité</u> tain (ARTM)
I understand that before proceeding with the above action, the STM may call me to confirm my identity, using the authentication question that I chose when I registered my OPUS card, or to confirm my request for a representative to execute this action.		
The Representative acknowledges that the information obtained for the execution of this proxy is confidential and cannot be communicated to anybody other than the STM or used for any purpose other than those provided for in this proxy.		
This proxy is valid for five (5) days following the signature of the Principal.		
SIGNATURE OF THE PRINCIPAL ¹ (name of the OPUS cardholder):		
		Date:
(Signature)	
Phone number:		
SIGNATURE OF THE REPRESENTATIVE ² (person who agrees to represent the OPUS cardholder):		
(Signature	<u> </u>	Date:
, oignature)	

accompanied by photo identification, confirming that he is the authorized representative to carry out the process described in this document.

The representative must present the original copy of this proxy and photo identification,

¹ Principal - Person being represented

² Representative - Person who agrees to represent the OPUS cardholder