

I, the undersigned _____ (name of Principal¹ OPUS cardholder), hereby authorize _____ (name of Representative²), as my representative, to take any action necessary in regards to (check action):

An OPUS card without photo

- ☐ Recover my OPUS card without photo
- ☐ Reactivate my OPUS card without photo
- ☐ Renew my OPUS card without photo
- ☐ Replace an OPUS card registered in my name

Fares

- ☐ Load the Free 65+, All Modes A fare on my photo OPUS card
- ☐ Exchange or refund fares in accordance with the policy set out by the [Autorité régionale de transport métropolitain \(ARTM\)](#)

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 (name of the OPUS cardholder):

(Signature)

Date : _____

Phone number:

SIGNATURE OF THE REPRESENTATIVE (person who agrees to represent the OPUS cardholder):

(Signature)

Date : _____

The representative must present the original copy of this proxy and photo identification, accompanied by photo identification, confirming that he is the authorized representative to carry out the process described in this document.

¹ Principal - Person being represented

² Representative - Person who agrees to represent the OPUS cardholder