

Payor's PAD Agreement
The Owners, Strata Plan _____

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize **The Owners, Strata Plan _____** and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **The Owners, Strata Plan _____** account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the on the first day of each month. **The Owners, Strata Plan _____** will obtain my/our authorization for any other one-time or sporadic debits.

Frequency and Amount Of Debits: A debit, in paper, electronic or other form in the amount of \$ _____ or a variable amount, with a reasonable latitude for adjustments and in no case to exceed \$ _____, may be drawn on my/our specified account MONTHLY (frequency: Weekly/Monthly/Bi-monthly/sporadic) on the first day of each month beginning _____ (MM/DD/YY) . Annual top-ups or adjustments are/not permitted **only in accordance with the budgets approved at the Annual General Meeting.** If payments are sporadic, I/we agree to cooperate with the Payor to pre-authorize the processing of each and every PAD against my/our account whether authorized verbally or electronically, by use of a password, secret code or such other signature equivalent, as the parties shall agree to constitute valid authorization.

Pre-Notification Waiver: I/We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

Payor Signature _____

Payor Signature _____

This authority is to remain in effect until **The Owners, Strata Plan _____** has received written notification from me/us if its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Owners, Strata Plan _____ may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for and PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

CUSTOMER INFORMATION (Please Print Clearly)

DATE: _____

Name(s): _____

Account Number: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ FI Number _____
(branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

The Owners, Strata Plan _____
Attention: Accounts Receivable
C/O Accent Property Management Ltd
#204 – 3304 32nd Avenue, Vernon BC, V1T 2M6
Tel: 250.542.1533
E-Mail: info@accentpm.ca