

Manager @ 250-951-0851.

P.O Box 549, Parksville, BC V9P 2G6

Phone: 250-951-0851 Fax: 250-951-0852

Email: info@alliancestrata.com

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PAYOR INFORMATION			
Strata Plan	Unit #	Strata Lot	
Payor's Name			
Mailing Address			
City	Prov	vince	
Country	Posta	l Code	
Email			
BANK ACCOUNT INFORM	MATION ATTACHED:	VOID CHEQUE BANK FORM	
Financial Institution Numbe	er		(3-4 digits)
Transit Number			(5 digits)
Account Number			
Financial Institution Name			
AUTHORIZATION			
I, the Payor, authorize Alliance Strata Property Services In Trust for the Owners of my/our Strata Corporation to debit the bank account identified above for the fees as indicated below due by the Payor. Strata fee payments will be withdrawn from said account on the 1 st day of each month. Notice of any changes to the approved budget or strata fees will be sent prior to any change in the withdrawal amount. I, the Payor, may revoke authorization at any time in writing, subject to providing notice of at least 3 business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca .			
Please check applicable fees: Monthly Strata Fees Storage/Locker Parking Other			
Payment is made on behalf of: an individual a business account			
Signature of Account Holde	}r	Date	
Signature of Joint Account	Holder (if applicable)	Date	
You have certain recourse reimbursement for any deb information on your recours	ust be original signatures. Prights if any debit does not corbit that is not authorized or is not se rights, contact your financial from Alliance regarding this for	nply with this agreement. You ot consistent with this PAD Ag I institution or visit <u>www.paym</u>	have the right to receive reement. To obtain more ents.ca.