



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT - STRATA 1983

Terms and Conditions:

1. I/We acknowledge that I/we are participating in a PAD plan established by Strata Corp 1983 and I/we participate in this PAD plan upon all terms and conditions set out herein. Strata Corp 1983 reserves the right to reject my/our application or discontinue the service.
2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.
3. I/We acknowledge that this PAD authorization is provided for the benefit of Strata Corp 1983 and the processing institution administering the account, and is provided in consideration of the said processing institution agreeing to process these PADs against my/our bank account in accordance with the rules of the Canadian Payments Association.
4. I/We hereby authorize Strata Corp 1983 and its processing institution to debit my/our bank account on the 1st day of each month:
 - All recurring monthly strata fees and/or charges; and/or
 - Any one-time retroactive strata fees/charges adjustments; and/or
 - Any one-time sporadic debit of any kind (e.g. a "catch-up" payment on previous outstanding strata fees for 1st time PAD enrollment, NSF administration fee, etc.) as authorized by me/us.

I/we understand that the amount of strata fees may be increased or decreased based on the approved budget as adopted by my/our strata corporation from time to time. **I/We agree to waive the requirements for pre-notification including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in strata fees, charges, or adjustment.**

5. I/We acknowledge that delivery of this authorization to Strata Corp 1983 constitutes delivery by me/us to the processing institution.
6. I/We understand that this authority is to remain in effect until Strata Corp 1983 has received written notification from me/us of its change or termination. The notification must be delivered to the mailbox of Strata Corp 1983 at least ten (10) business days in advance of the next PAD withdrawal or by emailing to the email address listed below. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting Strata Corp 1983 or by visiting www.cdnpay.ca.
7. I/We undertake to inform Strata Corp 1983 immediately, in writing, or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document, of any change in the account (e.g. account closure, change of account number, etc.) or other information (e.g. mailing address, phone number etc.) provided in this authorization.
8. I/We understand that a NSF administration fee will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, or account freeze, etc. It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PADs.
9. 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 any debit that is not authorized or is not consistent with this PAD Agreement. I/We may obtain more information on my/our recourse rights by contacting my/our financial institution or the Strata Corp 1983 and by visiting www.cdnpay.ca.
10. I/We understand the personal information provided in this PAD Agreement is for purposes of identifying and communicating with me/us, processing payments, responding to emergencies, ensuring the orderly management of the strata corporation and complying with legal requirements. I/We hereby authorize the strata corporation to collect, use and disclose my/our personal information for these purposes.

Please Retain This Page For Your Reference. Thank You.

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

This service is for: Individual PAD Business PAD (Please check)

PERSONAL INFORMATION

Effective Date: _____

| | | | |
|---|--------|-------------|---------------|
| Name of Owner(s) | | Strata Plan | Strata Lot |
| Address of Strata Lot | | City | Province |
| | | | Postal Code |
| Mailing Address (If different from above) | | City | Province |
| | | | Postal Code |
| Phone Number (Res.) | (Bus.) | (Cell) | Email Address |

BANK INFORMATION – Please choose one of the following:

- Void cheque attached – name(s) on cheque must match name(s) of the legal owner(s) on title. If someone other than the legal owner(s) is making the payment, please complete below information.

| | |
|---------|-----------------------|
| Name | Relation to Applicant |
| Address | Phone Number |

ATTACH VOID CHEQUE HERE

- Or, If your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment.

| | | |
|---|--|---|
| Financial Institution Number: <input type="text"/> | Branch Transit Number: <input type="text"/> | Deposit Account Number: <input type="text"/> |
| Chequing Account <input type="checkbox"/> | | Savings Account <input type="checkbox"/> (Please check) |

Name of Financial Institution _____ Branch Address _____

AUTHORIZATION

By signing this authorization, I/We acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-authorized Debit Agreement, a copy of which has been provided to and retained by me/us.

| | |
|------------|-----------------------------|
| Date _____ | Signature of payer(s) _____ |
|------------|-----------------------------|

When the form is complete, mail or email to:
Strata Corp 1983
Attention: Treasurer
#44-6715 Dover Road, Nanaimo, BC, V9V 1L8
Email: treasurerSP1983Dover@outlook.com

LEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 20TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. Since the PAD program is not retroactive, please enclose a cheque for