

PRE-AUTHORIZED DEBIT (PAD) PLAN

1. I/We hereby authorize Associated Property Management Ltd. on behalf of my/our Strata Corporation and BMO to begin deductions as per my/our instructions for the following:
 - a. Recurring monthly strata fees/authorized charges (parking and lockers etc.) and/or one-time retroactive fees/charges adjustments as approved by the Strata Corporation from time to time.
 - b. Authorized one-time or sporadic debits.The aforementioned recurring or one-time fees/charges will be debited to my/our specified account on the 1st day of the month.
2. This authority is to remain in effect until Associated Property Management Ltd. has received written notification from me/us of 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 get more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.
3. Associated Property Management 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.
4. 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. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
5. I/We understand the personal information provided 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.
6. I/We undertake to inform Associated Property Management Ltd. of any change in the account or address information provided in this authorization as soon as the change occurs.
7. I/We acknowledge that delivery of this authorization to Associated Property Management Ltd. constitutes delivery by me/us to the above financial institution.

PLEASE FILL OUT THE FORM BELOW

TYPE OF USE: **Individual** **Business** **(Please check)**

Name of Owner(s): _____ **Strata Plan** _____ **Strata Lot #** _____

Address of Strata Lot: _____

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

Phone Number: (Home) _____ **(Work)** _____ **(Cell)** _____

As an added security feature, please choose a personal password that you will provide when accessing account information by telephone -up to 10 letters (suggest mother's maiden name) _____

BANK ACCOUNT INFORMATION

Please attach a **VOID CHEQUE** or fill in information below to Associated Property Management Ltd. to draw upon your account.

DEPOSIT ACCOUNT #

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BRANCH TRANSIT #

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FINANCIAL INSTITUTION #

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FINANCIAL INSTITUTION: Name _____

Branch Address _____

Date

Signature

When the form is complete, mail, fax or email to:

Associated Property Management (2001) Ltd.
#1-1441 St. Paul Street, Kelowna, BC V1Y 2E4
Tel: 250-712-0025 Fax: 250-712-2265

Email: assist.hannah@associatedpm.ca

PLEASE NOTE THIS FORM <u>MUST</u> BE RECEIVED IN OUR OFFICE NO LATER THAN THE 15TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. PLEASE ALSO ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAD COMMENCEMENT.
