



Instructions: Fill in all fields then print form and sign. Return signed form, along with a void cheque, to RE/MAX via mail, fax or email.

Authority to Debit Account: I/We hereby authorize RE/MAX Commercial Realty (RE/MAX) on behalf of my/our Strata Corporation and Vancity Savings Credit Union to debit my/our account, on the first of each month, my recurring strata fees and any authorized charges (parking and lockers etc.) as approved by the strata corporation from time to time.

I/We hereby authorize RE/MAX to increased or decrease my monthly debit as required to reflect my/our monthly strata fees as established by the Strata Corporation from time to time, including any one-time retroactive strata fee adjustments as approved by the Strata Corporation from time to time.

Cancellation of Agreement: This authority shall continue until RE/MAX has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days prior to the next scheduled debit date. I/We may obtain a PAD cancellation form from www.mypropertymanager.ca. I/We may also obtain a sample PAD cancellation form, or further information on my/our right to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca.

Assignment of PAD Agreement: RE/MAX may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

Recourse/Reimbursement Statement: 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 my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca.

Payor Account and Contact Information: I/We undertake to provide written notice to RE/MAX of any change in the account or address information provided in this authorization as soon as the change occurs. I understand that account information changes must be received by RE/MAX at least ten (10) business days prior to the next scheduled debit date in order to avoid the possibility that my debit is returned by my financial institution.

Delivery: I/We acknowledge that delivery of this authorization to RE/MAX constitutes delivery by me to the above financial institution. I/We acknowledge receipt of a copy of this authorization.

1. My Information (Please print clearly)

Strata Plan: [] Strata Lot: [] Civic Address: [] - [] (unit #) (street address)

Name of Strata Lot Owner(s) []

Phone: (Res.) [] (Bus.) [] (Mobile) []

Type of Use: [] Personal [] Business (please check one)

2. Bank Account Information Please print clearly or affix a VOID CHEQUE.

You may also attach a bank account document completed/verified by your financial institution.

Name of Financial Institution: []

Branch Address: []

Account Number: [] Transit Number: [] - [] (5 digits) (3 digits)

[] Chequing Account [] Savings Account (please check one)

Commencement Date of this PAD Agreement: 1st of Every Month Commencing (YYYY-MM-DD): []

I/We warrant that all persons whose signatures are required to sign on the account have signed this PAD Agreement below.

x Signature of Account Holder

x Signature of Joint Account Holder (if appropriate)

[]

[]

Name (Please Print)

Name (Please Print)

Date(YYYY-MM-DD): []

Date(YYYY-MM-DD): []

Please Return this PAD Agreement and a VOID CHEQUE via mail, fax or email to:

RE/MAX Property Management
Suite 270, 4311 Viking Way, Richmond, BC, Canada V6V 2K9
Ph: (604) 821-2999 Fax: (604) 821-1822
email: ar@mypropertymanager.ca
www.mypropertymanager.ca