

# STRATAWEST MANAGEMENT LTD.

## Pre-authorized Debit ("PAD") Agreement

### Recurring Monthly Fees

I/We authorize Stratawest Management Ltd. and the financial institution designated on the attached cheque (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments from time to time arising under my/our account(s) with the Strata Corporation noted below. Regular monthly payments for the full amount of the following charges will be debited to my/our specified account on the 1st day of each month.

***(Please initial the box next to the charges you want deducted)***

Monthly Strata Fees

Parking Stall Rental Charges

Storage Locker Rental Charges

**I/We agree to waive the 10-day pre-notification period for any increase or reduction in monthly payments.**

These strata fee payments are for ***(check one)***  personal  or business purposes.

Stratawest Management Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Stratawest Management Ltd. has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar 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](http://www.cdnpay.ca).

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 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](http://www.cdnpay.ca).

The Owners Strata Plan No. \_\_\_\_\_ Strata Lot # \_\_\_\_\_  
Strata Corporation

Civic Address \_\_\_\_\_ Suite / Unit # \_\_\_\_\_  
\_\_\_\_\_

I/We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if applicable)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please submit this completed form  
with a void cheque to:

**Stratawest Management Ltd.**  
**#202 – 224 West Esplanade**  
**North Vancouver, BC V7M 1A4**

Email: [info@stratawest.com](mailto:info@stratawest.com)

Phone #: 604-904-9595

Fax #: 604-904-2323

