

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.

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.

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

Phone #: 604-904-9595

Fax #: 604-904-2323

