

**PRE-AUTHORIZED (PAP) PLAN**

Unit Number: \_\_\_\_\_ Building Address: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

1. I/We hereby authorize Pacific Asset Management Corporation (“PAMC”), on behalf of my/our Strata Corporation, to debit my/our bank account on the first of the month, my recurring strata fees and any authorized charges (parking, lockers, etc.) as approved by the Strata Corporation from time to time. I/We hereby authorize PAMC to increase 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.
2. I understand the personal information provided is for purposes of identifying and communicating with me, processing payments, responding to emergencies, ensuring the orderly management of the building and complying with legal requirements. I hereby authorize Pacific Asset Management Corporation, to collect, use and disclose my personal information for these purposes.
3. The account that PAMC is authorized to draw upon is indicated below. I/we warrant that all persons whose signatures are required to sign on the account have signed this agreement below.

**A specimen cheque marked “VOID” is attached to this authorization.**

<b>ATTACH VOID CHEQUE HERE    <u>OR</u>    BANK LETTER WITH ACCOUNT INFORMATION</b>	
Financial Institution: Name: _____	
<input type="checkbox"/> Chequing Account <input type="checkbox"/> Savings Account	Branch Address: _____
<b>Office use only</b>	
Deposit Account Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Bank Transit Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Financial Institution Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	

4. I/We undertake to inform PAMC of any change in the account or address information provided in this authorization as soon as the change occurs.
5. This authorization may be cancelled upon written notice to PAMC, notices must be received by the 23rd of the month to ensure they are not processed. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAP Agreement, at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)
6. I/We acknowledge that delivery of this authorization to PAMC constitutes delivery by me/us to the above financial institution.

7. Any PAP returned because of insufficient funds (NSF) will constitute a material breach of the Strata Bylaws may result action taken by the Strata Council including, but not limited to, the issuance of a NSF Fee in the amount of \$35.00 being levied that becomes immediately due for any returned items and I/we herein authorize PAMC to debit my/our bank account for any NSF fees incurred.
8. PAMC shall have at its sole discretion, the option to terminate this PAP agreement at any time and require that any future payments be made in cash, Certified Cheque or Money Order.
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. To obtain more information on my/our recourse rights, please contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**Commencing on (Month/Year):** \_\_\_\_\_ / \_\_\_\_\_

**Signature of Account Holder:**

**Signature of Joint Account Holder (If applicable):**

\_\_\_\_\_

\_\_\_\_\_

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 20TH OF THE MONTH PRIOR TO THE MONTH THE PAP IS TO COMMENCE. SINCE THE PAP PROGRAM IS NOT RETROACTIVE, PLEASE ALSO ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAD COMMENCEMENT.**

**When Form is complete, Email or Mail to:**

**Pacific Asset Management Corporation**

#301 1124 Lonsdale Avenue, North Vancouver, B.C. V7M 2H1 [www.pamc.ca](http://www.pamc.ca)

Email: [adree@pamc.ca](mailto:adree@pamc.ca)