

## APPLICATION FOR PRE-AUTHORIZED DEBIT OF STRATA FEES

In accordance with the Privacy Act, the information contained in this document is for the use of the Strata Corporation and its obligations and rights of use as stipulated under the Strata property Act.

Effective Date			
Name of Owner(s)		Strata Plan	Strata Lot
Address of Unit	City	Province	Postal Code
Mailing Address (if different from above)	City	Province	Postal Code
Phone Number (Res.) (Cell)	(Business)	—— ———— Email Addre	SS

## **Terms and Conditions:**

- I/We acknowledge that I/we are participating in a PAD plan established by Citybase Management Ltd. and I/we participate in this PAD plan upon all terms and conditions set out herein. Citybase Management Ltd. reserves the right to reject my/our application or discontinue the service.
- 2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.
- I/We acknowledge that this PAD authorization is provided for the benefit of Citybase Management Ltd. and the processing institution administering the account, and is provided in consideration of the said processing institution agreeing to process these PADs against my/our bank account in accordance with the rules of the Canadian Payments Association.
- "I/We hereby authorize Citybase Management Ltd. on behalf of our Strata Corporation and its processing institution to debit my/our bank account on/about the 1<sup>st</sup> day of each month.
  - All recurring monthly strata fees and/or charges (e.g. parking and lockers etc.); and/or
  - Any one-time retroactive strata fees/charges adjustments; and/or
  - Any one-time sporadic debit of any kind (e.g. "catch-up" payment on previous outstanding strata fees for 1st time PAD enrolment, NSF administration fee, etc.) as authorized by me/us.

I/We understand that the amount of strata fees may be increased or decreased based on the approved budget as adopted by my/our strata corporation from time to time. I/We agree to waive the requirements for pre-notification including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in strata fees, charges or adjustment.

- I/We undertake to inform Citybase Management Ltd. immediately, in writing of any changes in the account/information (e.g change of account number, mailing address, contact phone no, e-mail address, account closure, etc.) provided in this authorization.
- I/We understand that a NSF administration fee will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, account freeze, etc. It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PADs.
- I/We understand that this authority is to remain in effect until Citybase Management Ltd. has received written notification from me/us of its change or termination. The notification must be received by Citybase Management Ltd. at least ten (10) business days before the next scheduled PAD withdrawal.

Tel: (604) 708-8998

Fax: (604) 708-9982 Website: www.citvbase.ca E-mail: info@citybase.ca



- I/We understand the personal information provided in this application 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 personal information for these purposes.
- 9. I/We acknowledge that delivery of the authorization to Citybase Management Ltd. constitutes delivery by me/us to the processing financial institution.

Financial Institution			Branch A	ddress				
Branch / Transit	Bank Number	Account Numb	er					
Please attach a void	cheque to this app	olication						
							(),	please
provide information  Name				Relation				
provide information			·		to App			
provide information  Name	as below.	ut I/we have read, und		Relation Phone N	to App	olicant(	s)/Ow	mer(s)

THIS FORM MUST BE RECEIVED AT OUR OFFICE AT LEAST TEN (10) DAYS PRIOR TO THE MONTH THE PAD IS TO COMMENCE. Since the PAD program is not retroactive, please enclose a cheque for any balance owing prior to PAD commencement OR to attach a note authorizing our office to do a one-time sporadic "catch-up" payment.

Please return the completed form to the following address:

Fax: (604) 708-9982 Website: www.citybase.ca E-mail: info@citybase.ca

Tel: (604) 708-8998