

Date: _____

**DIRECT DEBIT PAYMENT AUTHORIZATION AGREEMENT
(TO AUTOMATICALLY PAY MONTHLY STRATA FEES)**

The undersigned hereby authorizes Peninsula Strata Management LTD. to draw monthly debits by electronic transfer to cover payments due by the undersigned to:

Building Name & Strata Plan No.: _____ Unit No. _____

Name: _____ Email: _____

Mailing Address: _____ Phone No.: _____

For monthly strata fees in the amount of \$ _____, parking fees \$ _____, other \$ _____

Payments commencing the first day of _____, 20____. Clear all arrears on account

Pre-Authorized Category:

Personal PAD

Business PAD

Funds Transfer PAD

The undersigned hereby:

1. Acknowledges that all persons whose signatures are required to sign on this account have signed this agreement. Acknowledges that any delivery of this authorization by you constitutes delivery by the undersigned to the processing institution.
2. Agrees that in order to cancel this agreement written notice of revocation will be given to Peninsula Strata Management by the 20th of the month before the next scheduled date of the debit transaction. You may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.cdnpay.ca.
3. Agrees to inform Peninsula Strata Management of any change of account information provided in this authorization by the 20th of the month prior to the next scheduled due date of the pre-authorized debit.
4. Authorizes Peninsula Strata Management to increase/decrease amounts drawn of the account from year to year as future budgets adopted by my Strata Corporation affect monthly strata fees.
5. Agrees to review the Annual General Meeting Minutes with respect to my financial obligations to the Strata Corporation should the date of the said AGM be subsequent to the 20th of the month prior to the fiscal year end of the Strata Corporation.
6. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

PLEASE ATTACH A VOID CHEQUE OR CUSTOMER ACCOUNT INFORMATION FORM

Please return this form to Peninsula Strata Management LTD. before the 25th of the month for the withdrawal to be effective on the 1st day of the following month.

I/WE understand the personal information provided above is for the purposes of indentifying and communicating with me, for processing payments, ensuring the orderly management of the Strata Corporation and complying with applicable legal requirements. I hereby authorize the Strata Corporation to collect, use and disclose my personal information for these purposes only.

SIGNATURES

Set Up Pre-Authorized Payment _____	Change Banking Information _____
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Peninsula Strata Management LTD.
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