



Prudential Estates (RMD) Ltd.
 SALES & PROPERTY MANAGEMENT
 7320 Westminster Highway
 Richmond, B.C. V6X 1A1
 Telephone: (604) 273-1745
 Fax: (604) 273-9021

FOR OFFICE USE ONLY

NOTE	REC.#	A/C#	AMOUNT	START DATE	REMARKS

I/We hereby authorize CENTURY 21 PRUDENTIAL ESTATES (RMD) LTD., PROPERTY MANAGEMENT DIVISION, to debit my account number _____ each month the amount equal to my personal payment of: (please "X" which ones)

1. _____ The duly approved strata fee monthly;
2. _____ The duly approved Parking Rental monthly (if applicable);
3. _____ The duly approved Locker Rental monthly (if applicable)

payable to Strata Plan " _____ ", effective start of automatic withdrawal will be _____ 1st, 20 _____. Annual adjustments to the payment amounts as approved by the Strata Corporation subject to the adoption of a new budget are permitted, and you will be notified of any change of the duly approved amount.

We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I/we further agree to inform Century 21 Prudential Estates (RMD) Ltd., in writing of any change of account information or cancellation of the agreement provided in this authorization two (2) weeks prior to the next due date of the pre-authorized debit. Please ensure that this bank account is one that will allow automatic debits. Any refusal or return of the automatic debit will result in a service charge of \$25.00 being levied on your account. You may obtain a sample cancellation form or further information regarding your right to cancel this agreement from your financial institution or by visiting www.cdnpay.ca

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, contact your financial institution or visit www.cdnpay.ca

Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account.

STRATA PLAN: _____ UNIT #: _____

PRINT NAME: _____

CIVIC MAILING ADDRESS OF STRATA LOT: _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

FOR VERIFICATION PURPOSES, PLEASE ATTACH ONE SAMPLE CHEQUE MARKED
 "VOID" HERE.
 RETURN TO: CENTURY 21 PRUDENTIAL ESTATES (RMD) LTD. IN THE ENCLOSED
 SELF-ADDRESSED ENVELOPE

DISCLOSURE/CONSENT

Personal Information Protection Act, Freedom of Information Act

The personal information requested in this form is being collected and used for the purposes of administering your strata fee account as it relates to your unit in your Strata Corporation and the Strata Property Act. Completion of this form provides us and your Strata Corporation with your consent to collect and use this information. If you have any questions, write to the "Privacy Officer" at the address on the letterhead or fax your written questions to the "Privacy Officer" at 604-273-9021.