CENTURY 21

Prudential Estates (RMD) Ltd. 7320 Westminster Highway Richmond, BC, V6X 1A1 Tel: 604-278-2121

For Office Use Only							
<u>Notes</u>	Rec.#	<u>A/C#</u>	<u>Amount</u>	Start Date			

PRE-AUTHORIZED PAYMENT FORM

I/We hereby authorize CENTURY 21 Prudential Estates (RMD) Ltd., to debit my account number: ______ each month the amount equal to my personal payment of: (please mark an "X" next to the applicable fees below)

- 1. X The duly approved monthly <u>Strata Fees;</u>
- 2. X The duly approved <u>adjustment amount for my Strata Fees</u> for the number of months from the start of the fiscal year to bring my Strata Fees up to date;
- 3. ____ The duly approved monthly Parking Stall Rental Fee (if applicable);
- 4. ____ The duly approved monthly <u>Storage Locker Rental Fee</u> monthly (if applicable).

payable to "Strata Plan	_". The effective start date of the pre-authorized payment program will be
1 st , 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.

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

<u>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.</u>

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 <u>www.cdnpay.ca</u>.

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 #:	
ADDRESS OF STRATA LOT:		
PRINT NAME(S):		
SIGNATURE: X	DATE:	, 20
SIGNATURE: X	DATE:	, 20
FOR VERIFICATION PURPOS	SES, PLEASE INCLUDE A <u>"VOID" CHEQ</u>	UE OR EQUIVILANT
RETURN THE COMPLETED	FORM TO: CENTURY 21 PRUDENTIAL ESTATES (RME) LTD.
Personal In	DISCLOSURE/CONSENT formation Protection Act, Freedom of Information Act	
unit in your Strata Corporation and the Strata Property	ng collected and used for the purposes of administering y Act. Completion of this form provides us and your Strat lease submit a written request to the "Privacy Officer" at t	a Corporation with your consent to collect
R:\Strata\Accounts Receivable\!!!Pre-Authorized Paym	nent (EFT) & Adjustment Form (2020).docx	Revised: April 2020