

Please return signed form by the 20th to start on the 1st of the following month.

Strata Name:		_ Strata Plan:	Strata Lot: _	
Address of Strata Lot:			Unit # _	
Surname:	First Name:		Phone #:	
Surname:	First Name:		Phone #:	
Type of Service: Personal	OR Business Er	mail:		
	PRE-AUTHORIZED [DEBIT (PAD) AGREEMENT		
my/our account monthly, covering Strata Plan. This amount may be Strata Corporation and/or Section or federal tax. All pre-authorized	ng monthly strata fees du be increased/decreased as on of our Strata Plan or as I payments will be made o	e by the undersigned to the required by the change in a result of a reduction or industrial the first of the month.	Strata Corporation monthly strata fee crease in applicable	and/or Section of our s as approved by the municipal, provincial
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				r Strata Plan, to debit
I/We understand that personal i payments, responding to emerge Plan and complying with legal re collect, use and disclose my/our	nformation provided is fo encies, ensuring the orderl quirements. I/We hereby personal information for t	r purposes of identifying and y management of the Strata authorize the Strata Corpora hese purposes.	d communicating w Corporation and/or ation and/or Section	r Section of our Strata
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ATTACH VOID CHEQUE HERE				
**	=			
		any change in the account	or address informa	ition provided in this
This authorization may be cance cancellation form, or for more institution or visit www.cdnpay.c	elled at any time upon 15 information on my/our ri a.	ght to cancel a PAD agreem	nent, I/we may con	tact my/our financial
I/We acknowledge that delivery financial institution.	of this authorization to P	roline Management Ltd. cor	nstitutes delivery by	me/us to the above
have the right to receive reimbu obtain more information on my/o	rsement for any debit tha our recourse rights, I/we n	t is not authorized or is not nay contact my/our financial	consistent with this institution or visit v	s PAD Agreement. To www.cdnpay.ca.
I/We warrant that all persons wh	ose signatures are require	ed to sign on the account hav	e signed this agreer	nent below.
Date		ignature		
	Surname: Type of Service: Personal I/We hereby authorize Proline M my/our account monthly, covering Strata Plan. This amount may be Strata Corporation and/or Section or federal tax. All pre-authorized In accordance with (1.) above, I agree that I/we do not require at I/We hereby authorize Proline M my/our account monthly for add I/We understand that personal is payments, responding to emerge Plan and complying with legal recollect, use and disclose my/our The account that Proline Manage A personalize A personalize I/We undertake to inform Prolinauthorization as soon as the chart This authorization may be cancellation form, or for more institution or visit www.cdnpay.cl/We acknowledge that delivery financial institution. I/We acknowledge that I/we have the right to receive reimburobtain more information on my/I/We warrant that all persons when the persons with the person and the pers	Surname: First Name: PRE-AUTHORIZED III/We hereby authorize Proline Management Ltd. on behalmy/our account monthly, covering monthly strata fees dustrata Plan. This amount may be increased/decreased as Strata Corporation and/or Section of our Strata Plan or as or federal tax. All pre-authorized payments will be made on accordance with (1.) above, I/We do hereby waive my agree that I/we do not require advance notice of the amo I/We hereby authorize Proline Management Ltd. on behalf my/our account monthly for additional charges for: Pa I/We understand that personal information provided is fo payments, responding to emergencies, ensuring the order! Plan and complying with legal requirements. I/We hereby collect, use and disclose my/our personal information for to The account that Proline Management Ltd. is authorized to A personalized specimen cheque mark ATTACH VO **If your account does not Preauthorized Transact I/We undertake to inform Proline Management Ltd. of authorization as soon as the change occurs. This authorization may be cancelled at any time upon 15 cancellation form, or for more information on my/our rinstitution or visit www.cdnpay.ca. I/We acknowledge that delivery of this authorization to Prenation in the right to receive reimbursement for any debit that obtain more information on my/our recourse rights, I/we may be a signatures are required.	Address of Strata Lot: Surname: First Name: First Name: Type of Service: Personal OR Business Email: PRE-AUTHORIZED DEBIT (PAD) AGREEMENT I/We hereby authorize Proline Management Ltd. on behalf of our Strata Corporation a my/our account monthly, covering monthly strata fees due by the undersigned to the Strata Plan. This amount may be increased/decreased as required by the change in Strata Corporation and/or Section of our Strata Plan or as a result of a reduction or in or federal tax. All pre-authorized payments will be made on the first of the month. In accordance with (1.) above, I/We do hereby waive my/our right to receive pre-no agree that I/we do not require advance notice of the amount of the PAD before the dI/We hereby authorize Proline Management Ltd. on behalf of our Strata Corporation a my/our account monthly for additional charges for: Parking Locker Othe I/We understand that personal information provided is for purposes of identifying and mayments, responding to emergencies, ensuring the orderly management of the Strata Plan and complying with legal requirements. I/We hereby authorize the Strata Corpora collect, use and disclose my/our personal information for these purposes. The account that Proline Management Ltd. is authorized to draw upon is indicated belo A personalized specimen cheque marked "VOID" is attached to this ATTACH VOID CHEQUE HERE **If your account does not provide cheques, please attached the present of the strata comporation of the proline Management Ltd. of any change in the account authorization may be cancelled at any time upon 15 days written notice to Proline cancellation form, or for more information on my/our right to cancel a PAD agreem institution or visit www.cdnpay.ca. I/We acknowledge that delivery of this authorization to Proline Management Ltd. cor financial institution. I/We acknowledge that l/we have certain recourse rights if any debit does not comply have the right to receive reimbursement for any debit that is not authorized or is not obtain more inf	Address of Strata Lot: Surname:

Please email signed form to PAD@prolinemanagement.com