

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT - STRATA

Terms and Conditions:

1. I/We acknowledge that I/we are participating in a PAD plan established by FirstService Residential and I/we participate in this PAD plan upon all terms and conditions set out herein. FirstService Residential 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.
3. I/We acknowledge that this PAD authorization is provided for the benefit of FirstService Residential 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.
4. I/We hereby authorize FirstService Residential on behalf of our Strata Corporation and its processing institution to debit my/our bank account on the 1st 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. a "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.**

5. I/We acknowledge that delivery of this authorization to FirstService Residential constitutes delivery by me/us to the processing institution.
6. I/We understand that this authority is to remain in effect until FirstService Residential has received written notification from me/us of its change or termination. The notification must be delivered to the office of FirstService Residential at least ten (10) business days in advance of the next PAD withdrawal. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting the office of FirstService Residential or by visiting www.cdnpay.ca.
7. I/We undertake to inform FirstService Residential immediately, in writing, of any change in the account (e.g. account closure, change of account number, etc.) or other information (e.g. mailing address, phone number etc.) provided in this authorization.
8. 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, or account freeze, etc. It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PADs.
9. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I/We may obtain more information on my/our recourse rights by contacting my/our financial institution or the office of FirstService Residential.
10. I/We understand the personal information provided in this PAD Agreement 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/our personal information for these purposes.

Please Retain This Page For Your Reference. Thank You.

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

This service is for: Individual PAD ____ Business PAD ____ (Please check)

PERSONAL INFORMATION

Effective Date: _____

Name of Owner(s)	Strata Plan	Strata Lot	
Address of Strata Lot	City	Province	Postal Code
Mailing Address (If different from above)	City	Province	Postal Code
Phone Number (Res.)	(Bus.)	(Cell)	Email Address
<i>As an added security feature, please choose a personal password that you will provide when accessing account information by telephone -up to 10 letters (suggest mother's maiden name).</i> _____			

BANK INFORMATION – Please choose one of the following:

- Void cheque attached – name(s) on cheque must match name(s) of the legal owner(s) on title. If someone other than the legal owner(s) is making the payment, please complete below information.**

Name	Relation to Applicant
Address	Phone Number

ATTACH VOID CHEQUE HERE

- Or, If your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment.**

Financial Institution Number: <input type="text"/> <input type="text"/> <input type="text"/>	Branch Transit Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Deposit Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chequing Account ____ Savings Account ____ (Please check)		

Name of Financial Institution	Branch Address
-------------------------------	----------------

AUTHORIZATION

By signing this authorization, I/We acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-authorized Debit Agreement, a copy of which has been provided to and retained by me/us.

Date

Signature of payer(s)

When the form is complete, mail, fax or email to:

FirstService Residential
Attention: Accounts Receivable
200 Granville Street, Suite 700, Vancouver, B.C., V6C 1S4
Tel: 604.683.8900 Fax: 604.689.4829 Email: ar.bc@fsresidential.com

PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 20TH OF THE MONTH 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.