STRATAWEST MANAGEMENT LTD. PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Pre-Authorized Debit Details

Authorization: I/We acknowledge that this PAD Agreement is provided for the benefit of Stratawest Management Ltd., as the payee, and is provided in consideration of their financial institution agreeing to process debits against the Account with my/our financial institution (or any other financial institution I/we may authorize at any time).

I/We confirm that we have authority under the terms of my/our Account agreement to authorize this debit arrangement.

By signing this PAD Agreement, I/we acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I/we acknowledge that I/we understand the terms of this PAD Agreement; and I/we agree to be bound by the terms of this PAD Agreement.

I/We authorize at any time in the Transaction Date period, for PADs to be drawn on my/our Account according to this PAD Agreement.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this PAD Agreement.

Confirmation and Pre-notifications: In providing the signed PAD Agreement, I/we waive the requirement for Stratawest Management Ltd. to notify me/us in advance of the due date of the first PAD. Further, the debit from my/our account will be considered sufficient subsequent confirmation of the first PAD being processed.

For *fixed-amount*, *set interval PADs* (e.g., monthly PADs) Stratawest Management Ltd. will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before any changes are made to the fixed amount PAD and of any change to the scheduled payment date(s), unless an exception under Rule H1 applies.

Cancellation of PAD Agreement: I/We acknowledge that I/we may revoke, change, or cancel my/our authorization under this PAD Agreement at any time in writing to Stratawest Management Ltd. I/We understand and accept that this notification must be provided to Stratawest Management Ltd. at the contact information indicated below at least <u>30 calendar days before</u> the next debit is scheduled.

Upon providing a notice of cancellation or revocation of authority, Stratawest Management Ltd. will cease issuing in accordance with Rule H1.

To obtain a sample cancellation form, or for more information about my/our right to cancel this PAD Agreement, I/we acknowledge that I/we can contact my/our financial institution or visit www.payments.ca.

Recourse/Reimbursement: I/we acknowledge that 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. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

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Strata and Owner Information (Please print clearly)

Owner Name(s	3)																
Strata Plan Number (e.g.: LMS 123)					Strata Lot Number												
Street Address of Strata Lot					Unit												
Mailing Addres	s (if different	from abov	/e)														
Email Address					Phone Number												
Payor Bank A	ccount Infor	mation ("	Account")	and I	Payr	nen	t Det	tails									
These services	s are for (che	ck one): □	Personal	□В	usin	ess	Use										
Regular month month. These ownership of m rental, electric	services are f ny/our strata l	for monthly lot noted a	y strata fee bove inclu	s and ding (c	othe only i	r red if ap	currii	ng m	nontl	hly fee	es as	soci	iatec	d with	ı		
First Transaction	on Date Mont	th (MM/YY	<u></u>				_										
Account to be	debited (MUS	ST INCLUI	DE A VOID	CHE	QUE	: WI	тн т	HIS	FO	RM):							
Transit N	 umber	Institution	L Number					Acc	oun	t Num	l l nber						
If payor is not t	ho strata lot /	ownor pro	wide the fo	llowin	~ ·												
		•		•	_	ehir	to C)wn	٥r								
		lelationship to OwnerPhone Number															
							,,,,	•	00								
Payor Acceptalify I/We understar		ot the terms	s of enterin	g into	this	PAD) Agr	eem	nent	and p	artici	pati [.]	ng iı	n this	s PAD		
plan.																	
Signature of account holder					Signature of Joint Account Holder (if appropriate)												
Name					Name												
Date					Date												
Note: If only on to sign this PA or all Payors n	D Agreement	t. If two (2)	or more s														
Please submit	the complet	ed and sig	ned form	, AND	voic	d ch	eque	<u>e</u> by	ema	ail to i	nfo@)stra	atav	vest.	com		
Or by mail to:	Stratawest #202 – 224 North Vanc	West Esp	lanade														