

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 30 calendar days before 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.

**STRATAWEST MANAGEMENT LTD.
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Strata and Owner Information (Please print clearly)

Owner Name(s) _____
Strata Plan Number (e.g.: LMS 123) _____ Strata Lot Number _____
Street Address of Strata Lot _____ Unit _____
Mailing Address (if different from above) _____
Email Address _____ Phone Number _____

Payor Bank Account Information ("Account") and Payment Details

These services are for (check one): ☐ Personal ☐ Business Use

Regular monthly payments will be debited from my/our specified Account on or about the first day of each month. These services are for monthly strata fees and other recurring monthly fees associated with ownership of my/our strata lot noted above including (only if applicable), but not limited to parking stall rental, electric vehicle charging fees and storage locker rental.

First Transaction Date Month (MM/YY) _____

Account to be debited (**MUST INCLUDE A VOID CHEQUE WITH THIS FORM**):

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Transit Number

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Institution Number

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Account Number

If payor is not the strata lot owner, provide the following:

Name _____ Relationship to Owner _____
Email Address _____ Phone Number _____

Payor Acceptance

I/We understand and accept the terms of entering into this PAD Agreement and participating in this PAD plan.

Signature of account holder

Signature of Joint Account Holder (if appropriate)

Name

Name

Date

Date

Note: If only one (1) signature is required for the Payor Account, then only 1 Payor signature is required to sign this PAD Agreement. If two (2) or more signatures are required for the Payor Account, then both or all Payors must sign this PAD Agreement.

Please submit the **completed and signed form**, AND **void cheque** by email to **info@stratawest.com**

Or by mail to: Stratawest Management Ltd.
#202 – 224 West Esplanade
North Vancouver, BC V7M 1A4