



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT – STRATA SPECIAL LEVY

Name of Owner(s): _____

Building Name: _____ Strata Plan #: _____

Unit #: _____ Lot # _____ Address: _____

I/We Hereby authorize Sterling Management Services Ltd. to make the following withdrawal of funds:

I understand there will be a \$50.00 charge for the returned payment fee (NSF Administration Fee).

INITIAL: _____ *

Special Levy One-Time Withdrawal Amount: _____

Commence Date: _____

Special Levy Monthly Withdrawal Amount: _____

Effective Start Date: _____

Ending Date: _____

Please Check the Account Type: Personal Business

You, the Payer, may revoke your authorization at any time by writing a cancellation letter or filling out our cancellation form, which must be provided a minimum of 30 days prior to the cancellation date. Please be advised that the account holder must sign and date this letter, which can be e-mailed to AR@sterlingmgmt.ca.

Same Bank Account with Strata Fee PAD Agreement

New Bank Account

From: Bank Name: _____

Bank Address: _____

Transit #: _____ Institution #: _____ Account : _____

Name on Account: _____

PLEASE ATTACH A COPY OF A VOID CHEQUE IN ADDITION TO THE INFORMATION ON THIS FORM

You have certain recourse of 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 rights, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____

Name (Please Print): _____

Date: _____ Phone Number: _____ E-mail: _____