



Street Address: #2033 – 1177 West Hastings Street
 City-Postal Code: Vancouver, BC V6E 3T4
 Office Phone No: (604) 338 - 8654
 Email Address: info@sterlingmgmt.ca

PRE-AUTHORIZED DEBIT (P.A.D.) AGREEMENT (Strata Only)

NEW SET UP _____ CHANGE ON EXISTING _____

Name of Owner(s) _____

Building Name _____ Strata Plan # _____

Unit # _____ Lot # _____ Address: _____

I (WE) authorize Sterling Management Services Ltd, to make the following withdrawal of funds for the following: recurring monthly strata fee(s)/authorized charges (parking, etc.) and one-time retroactive strata fee(s) adjustments as voted upon and passed by the general membership of the Strata Corporation from time to time. In addition to the monthly strata fee(s), authorize one-time or sporadic debits, any fines, gas consumption, chargebacks, penalties, and special levy fee(s) assessed according to the Strata Corporation Bylaws and Rules and Regulations. These above-mentioned fee(s)/charges will be debited to my/our specified account on the 1st day of every month.

Amount to be Withdrawn: \$ _____ Effective Start Date: _____

Strata Fees: \$ _____ (Initial) Parking (if applicable) \$ _____

This authority is to remain in effect until Sterling Management Services Ltd. has received written notification for me/us of it change or termination subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial Institution or visit www.cdnpay.ca.

Bank Name: _____ Transit # _____

Bank Address: _____

Account Number: _____ Name on Account: _____

PLEASE ATTACH COPY OF VOID CHEQUE:

CONDITIONS OF PRE-AUTHORIZED DEBIT (P.A.D.) AGREEMENT

Increases: Annual increases in strata fees and/or parking fees are deemed authorized by this agreement. Pre -notification of such increases are first proposed in writing at least 10 days before implementation and subsequently ratified at a general meeting of the strata owners before any adjustment are made to the P.A.D amounts authorized at the inception of this agreement.

Cancellation: This agreement is automatically cancelled upon receipt of notification, at least 10 business days before the next P.A.D. due date, of sale or transfer of title that is effective in the month of notification and not more than 30 days from the date of notification. For further information on the right to cancel, please contact your financial institution or visit www.cdnpay.ca

Recourse Rights: You have certain recourse 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 P.A.D Agreement. To obtain more information on your recourse rights, please contact your financial Institution or visit www.cdnpay.ca.

Signature of Account Holder: _____

Date: _____ Phone Number: _____

PLEASE FILL OUT THIS FORM AND FAX OR EMAIL TO THE ABOVE OFFICE LOCATION.