



604 Real Estate Services Inc.

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 Suite 501 – 601 West Broadway
 Vancouver, BC V5Z 4C2
 accounting@604realestate.ca
 www.604realestate.ca

Pre-Authorized Debit (PAD) Agreement
Payment of Monthly Strata Fees

Attached Void Cheque Here

I/We hereby authorize 604 Real Estate Services Inc. to debit monthly strata fees by PAD on behalf of the strata corporation as indicated below:

Strata Name _____	Strata Plan # _____	Unit # _____
Unit Address _____	City-Province _____	Postal Code _____
Email Address _____	() _____	Phone No. _____

Name of Account Holder _____	Secondary Name on Joint Account (if applicable) _____
Address (if not residing in the unit) _____	City-Province _____ Country-Postal Code _____
The under noted financial institution is hereby authorized to pay the monthly fixed amount from the account of the undersigned, CAD\$ _____ beginning on the FIRST of _____, 20____ (indicate month withdrawals are to begin).	
Name of Financial Institution Address of Branch _____	

<u>For Section Strata Property</u>	
Common Section Monthly Fees CAD\$ _____	Residential / Retail / Office Section Monthly Fees CAD\$ _____
(Please Circle One)	

<u>Change of Bank Account to Existing PAD</u>	
New Void Cheque or Branch PAD Info Attached <input type="checkbox"/>	Effective Date: _____ 1st, 20_____

The undersigned:

1. Authorize 604 Real Estate Services Inc. to debit the amount from the bank account on the 1st of every month, as stated above; and
2. authorize 604 Real Estate Services Inc. to increase or decrease the amounts drawn on my/our account from year-to-year as per Strata Corporation budget approved in the AGM; and
3. acknowledge that I/we have the right to revoke my/our authorization at any time, given a written notice to 604 Real Estate Services Inc. no less than ten business days prior to cancellation (to obtain a sample cancellation form, or for more information on my/our right to cancel a PAD Agreement, I/we may contact my financial institution or visit www.cdnpay.ca); and
4. agree to IMMEDIATELY inform 604 Real Estate Services Inc. of any change in the account information, given a written notice no less than ten business days prior to the change; and
5. agree to be charged CAD\$35.00 per returned transaction due to (but not limit to) insufficient funds, funds not cleared, account closed or frozen; and
6. acknowledge that any delivery of this authorization to your bank or financial institution constitutes delivery by the undersigned to the processing institution; and
7. understand 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 recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Date: _____

Signature(s): _____ / _____

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| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> This form must be received by our office no later than the 25th of the month prior to the PAD commencement date <input checked="" type="checkbox"/> PAD can ONLY be processed on the first of every month <input checked="" type="checkbox"/> PLEASE ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO THE COMMENCEMENT OF THE PRE-AUTHORIZED PAYMENT <input checked="" type="checkbox"/> A void cheque or a branch authorization must be attached in order to process this PAD |
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