



MANAGEMENT LTD

120 - 5640 Hollybridge Way, Richmond, B.C., V7C 4N3 Phone (604) 276-8888 Fax (604) 214-0712

Pay your Strata Operating Assessments the Hassle Free Way!

With our Pre-Authorized Payment Option, your payment is made automatically on the payment due date and you don't even have to sign the cheque.

Terms and Conditions

I (We) authorize the payee to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

I (We) acknowledge that the delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that that such financial institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I (WE) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre authorized debit.

Items charged under any of the following conditions will be reimbursed subject to the written notification by me (us) to the branch of the account within 90 days.

- a.) I (We), never provided authorization to the payee.
- b.) The pre authorized debit was not drawn in accordance with my (our) authorization.
- c.) My (Our) authorization was revoked.
- d.) The debit was posted to the wrong account due to invalid/incorrect account information supplied to the payee.

I (We) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Pre-authorized Payment Authorization

Name(s) _____

Address _____

Phone _____

Yes! I want to join & enclose my "void" cheque

I (We) authorize **Strata Plan #** _____, or their authorized Agent to process a debit, in paper, electronic or other form in the amount of \$ _____ on my (our) account on the first day of each month beginning _____, 2006.

This amount may be increased/decreased at a future date as per Resolutions passed at a General Meeting of the Strata Corporation.

The Strata Corporation or its Agent will to the best of their abilities advise me (us) in writing of the revised amount in advance of its (changed amount) effective date.

I (We) acknowledge that I (We) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (We) have received a copy.

Signature

Date

Signature

Date