



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT STRATA - TERMS and CONDITIONS:

1. I/We acknowledge that I/we are participating in a PAD plan established by Meicor Property Management and I/we participate in this PAD plan upon all terms and condition set out herein. Meicor Property Management reserves the right to reject my/our application or discontinue the service.
2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.
3. I/We acknowledge that this PAD authorization is provided for the benefit of Meicor Property Management and the processing institution administering the account, and is provided in consideration of the said processing institution agreeing to process these PADs against my/our bank account in accordance with the rules of the Canadian Payments Association.
4. I/We hereby authorize Meicor Property Management on behalf of our Strata Corporation and/or section of our Strata Plan and its processing institution to debit my/our bank account on the 1st day of each month, covering monthly strata fees due by the undersigned to the strata corporation and/or section of our strata plan.
I/we understand that the amount of the strata fees may be increased or decreased based on the approved budget as adopted by my/our strata corporation from time to time. I/We agree to waive the requirements for pre-notification including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in strata fees, charges or adjustment.
5. I/We acknowledge that delivery of this authorization to Meicor Property Management Services constitutes delivery by me/us to the processing institution.
6. I/We understand that this authority is to remain in effect until Meicor Property Management has received written notification from me/us of its change or termination. The notification must be delivered to the office of Meicor Property Management at least twenty (20) business days in advance of the next PAD withdrawal. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting the office of Meicor Property Management or by visiting www.cdnpay.ca.
7. I/We undertake to inform Meicor Property Management immediately, in writing, of any change in the account (e.g. account closure, change of account number, etc.) or other information (e.g. mailing address, phone number etc.) provided by this authorization.
8. I/We understand that an NSF administration fee of \$ 50.00 will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, or account freeze, etc. It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PADs.
9. 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. I/we may obtain more information on my/our recourse right by contacting my/our financial institution or the office of Meicor Property Management or by visiting www.cdnpay.ca.
10. I/we understand the personal information provided in this PAD agreement is for purposes of identifying and communication with me/us, processing payments, responding to emergencies, ensuring the orderly management of the strata corporation and complying with legal requirements. I/we hereby authorize the strata corporation to collect, use and disclose my/our personal information for these purposes.

Please retain this page for your reference. Thank you.



AUTOMATIC DEBIT AUTHORIZATION FORM

Name of Owner(s)			Unit Number(s)
Building Name & Address	City	Province	Postal Code
Owner(s) Mailing Address <i>(if different from above)</i>	City	Province	Postal Code
Phone Number	Email Address		

BANK INFORMATION- Please choose one of the following:

Void Cheque attached

Or, if your account does not provide cheques, please have your bank fill out the information below or print out and enclose a preauthorized transaction form to ensure the account is coded correctly and will allow pre-authorized payment.

Financial Institution No: _____ Branch Transit No: _____

Deposit Account No.: _____

Name of Financial Institution: _____ Branch Address: _____

AUTHORIZATION

By signing this authorization, I/we acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-Authorize Debit Agreement, a copy of which has been provided to and retained by me/us.

Date _____ Signature of Payer(s) _____

Send completed form to our office or by Email: Hillary@meicorproperty.com

PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 25TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. YOU MAY PROVIDE WRITTEN AUTHORIZATION TO DO A ONE TIME WITHDRAWAL TO COVER ANY OUTSTANDING AMOUNTS IF APPLICABLE.