



PRE-AUTHORIZED DEBIT (PAD) SERVICE AGREEMENT

I/we authorize Dynamic Property Management Ltd and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, by paper or electronic entry covering payments due by the undersigned to:

Strata Plan: _____ Strata Lot #: _____ Building Name: _____

Owner (s) Name: _____

Unit Address: # _____ - _____

Phone Number: _____ - _____ - _____ Monthly Strata Fees: \$ _____.

Type of Service (check one): Business Personal Additional Monthly Charges (parking, storage etc): \$ _____.

Starting on the first day of: (MM-YYYY) _____ - _____ Initial box to authorize withdrawals to clear arrears

The undersigned hereby:

1. Warrants that all persons whose signatures are required to sign on this account have signed this agreement;
2. Acknowledges that in order to cancel this agreement written notice of revocation shall be given to Dynamic Property Management Ltd **10** business days prior to the next scheduled date of pre-authorized debit. A sample cancellation form, or more information on your right to cancel PAD Agreement can be obtained at your financial institution or by visiting www.cdnpay.ca;
3. Acknowledges that any delivery of this authorizations by you constitutes delivery by the undersigned to the processing institution;
4. Agrees to inform Dynamic Property Management Ltd in writing of any change of account information provided in this authorization **10** business days prior to the next scheduled date of pre-authorized debit;
5. Authorizes Dynamic Property Management Ltd to increase/decrease amounts drawn on the account from fiscal year to fiscal year as future budgets adopted by my Strata Corporation effect monthly strata fees; AND
6. **Agrees to waive the pre-notification requirements of Rule H1 S15(a) of the Canadian Payments Association.**

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 PAD that is not authorized or is not consistent with the PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/we understand the personal information provided above is for purposes of identifying and communication with me, processing payments, 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 personal information for these purposes.

Signature (s) _____ Date: _____

PLEASE DEBIT MY BANK ACCOUNT (VOID CHEQUE ATTACHED)

Banking information **must** be provided via void cheque or on a document verified by your financial institution.

PLEASE ATTACHED A VOID CHEQUE HERE

Please return this form to Dynamic Property Management Ltd at least **10** business days before the month for the withdrawal to be effective the 1st day of the following month. Late forms will be processed at a later date

NO COVER PAGE REQUIRED FOR A FAX