

BAYSIDE PROPERTY SERVICES LTD.

#100-6400 Roberts Street

Burnaby BC V5G 4C9

Email: accounting@baysideproperty.com

Telephone: 604.432.7774 Fax: 604.430.2698

PRE-AUTHORIZED PAYMENT PLAN

I/We hereby authorize Bayside Property Services Ltd. (**Bayside**), on behalf of our Strata Corporation, to debit my/our account on the first of each month, an amount equal to the Monthly Maintenance Assessment, due and payable by the undersigned's Strata Lot to the Strata Corporation. This amount may be increased or decreased, as required, to reflect my/our Monthly Maintenance Assessment as established by the Strata Corporation, from time to time.

Type of Service: Personal

The account that **Bayside** is authorized to draw upon is indicated below and a "specimen cheque" marked "VOID" has been attached to this authorization.

PLEASE ATTACH VOID CHEQUE

I/We acknowledge that the above financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including amount and frequency of payments. I/We acknowledge that the above financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by **Bayside** as a condition of honouring a pre-authorized debit issued, or caused to be issued, by **Bayside** on my/our account.

I/We undertake to inform **Bayside** immediately, in writing, of any change in the account or other information provided in this authorization, prior to the next due date of the pre-authorized debit. If the account is transferred to another financial institution, this authorization becomes null and void on the date of the transfer and it will be necessary to provide a new authorization to **Bayside**.

I/We acknowledge that in order to completely revoke this authorization, I/We must provide and deliver a written notice of revocation to **Bayside**. This authorization may be cancelled at any time upon 30-days written notice by me/us to **Bayside**. I/We can contact my/our financial institution or visit www.cdnpay.ca, to obtain a sample cancellation form or for further information on cancellation notice. Revocation of this authorization does not terminate any contracts for goods or services that exist between me/us and **Bayside**. The payor's authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged. I/we have certain recourse rights if any debit does not comply with this agreement. I/we have the right to receive reimbursement for any PAD (pre-authorized debit) that is not authorized or is not consistent with this 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 warrant that delivery of this authorization to **Bayside** constitutes delivery by me/us to the above financial institution. Any delivery of this authorization to you constitutes delivery by me/us.

I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement below.

I/We understand and accept participation in this Pre-authorized Payment Plan and acknowledge receipt of a copy of this authorization.

Strata Plan _____ Unit/Suite # _____ First Payment
or Strata Lot # _____ Start Date: _____

Name: (Please print SURNAME, then first name) _____

Signature: _____

Name: (Please print SURNAME, then first name) _____

Signature: _____

Date: _____

If applicable, please include monthly parking, special levy, and/or _____ in the amount of \$
with my/our monthly maintenance fee.