

Payor's PAD Agreement
The Owners, Strata Plan KAS3310

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize **The Owners, Strata Plan KAS3310** 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **The Owners, Strata Plan KAS3310** account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the on the first day of each month. **The Owners, Strata Plan KAS3310** will obtain my/our authorization for any other one-time or sporadic debits.

Frequency and Amount Of Debits: A debit, in paper, electronic or other form in the amount of \$ _____ or a variable amount, with a reasonable latitude for adjustments and in no case to exceed \$ _____, may be drawn on my/our specified account _____ (frequency: Weekly/Monthly/Bi-monthly/sporadic) on the first day of each month beginning _____ (MM/DD/YY). Annual top-ups or adjustments are permitted **only in accordance with the budgets approved at the Annual General Meeting**. If payments are sporadic, I/we agree to cooperate with the Payor to pre-authorize the processing of each and every PAD against my/our account whether authorized verbally or electronically, by use of a password, secret code or such other signature equivalent, as the parties shall agree to constitute valid authorization.

Pre-Notification Waiver: I/We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

X

Payor Signature

Payor Signature

This authority is to remain in effect until **The Owners, Strata Plan KAS3310** has received written notification from me/us if its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Owners, Strata Plan KAS3310 may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 and PAD 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.

CUSTOMER INFORMATION (Please Print Clearly)

DATE: _____

Name(s): _____

Account Number: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____ **(Include VOID Cheque)**

FI Account Number: _____ FI Transit Number: _____ FI Number _____
(branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): **X**

The Owners, Strata Plan KAS3310
Attention: Accounts Receivable
C/O Accent Property Management Ltd
#204 – 3304 32nd Avenue, Vernon BC, V1T 2M6
Tel: 250.542.1533
E-Mail: info@accentpm.ca