

Building Name: \_\_\_\_\_ Strata Plan: \_\_\_\_\_ Strata Lot: \_\_\_\_\_

Address of Strata Lot: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Service: Personal  OR Business

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

1. I/We hereby authorize Proline Management Ltd. on behalf of our Strata Corporation to debit my/our account monthly, covering monthly strata fees due by the undersigned to the Strata Corporation. This amount may be increased/decreased as required by the change in monthly strata fees as approved by the Strata Corporation or as a result of a reduction or increase in applicable municipal, provincial or federal tax. All pre-authorized payments will be made on the first of the month.
2. **In accordance with (1.) above, I/We do hereby waive my/our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of the PAD before the debit is processed.**
3. I/We hereby authorize Proline Management Ltd. on behalf of our Strata Corporation, to debit my/our account monthly for additional charges for:  Parking  Locker  Other \_\_\_\_\_
4. I/We understand that personal information provided is for purposes of identifying and communicating 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.
5. The account that Proline Management Ltd. is authorized to draw upon is indicated below.

**A specimen cheque marked "VOID" is attached to this authorization.**

**ATTACH VOID CHEQUE HERE**

**\*\*If your account does not provide cheques, please attach a  
Preauthorized Transaction Form from your bank.\*\***

6. I/We undertake to inform Proline Management Ltd. of any change in the account or address information provided in this authorization as soon as the change occurs.
7. This authorization may be cancelled at any time upon 15 days written notice to Proline Management Ltd. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD agreement, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
8. I/We acknowledge that delivery of this authorization to Proline Management Ltd. constitutes delivery by me/us to the above financial institution.
9. I/We acknowledge that 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. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
10. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 18<sup>TH</sup> OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. SINCE THE PAD PROGRAM IS NOT RETROACTIVE, PLEASE ALSO ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAD COMMENCEMENT.**

Please mail to:

**PROLINE MANAGEMENT LTD.**