



Please return signed form by the 20th to start on the 1st of the following month.

Strata Name: _____ Strata Plan: _____ Strata Lot: _____

Address of Strata Lot: _____ Unit # _____

Surname: _____ First Name: _____ Phone #: _____

Surname: _____ First Name: _____ Phone #: _____

Type of Service: Personal OR Business Email: _____

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

- 1. I/We hereby authorize Proline Management Ltd. on behalf of our Strata Corporation and/or Section of our Strata Plan to debit my/our account monthly, covering monthly strata fees due by the undersigned to the Strata Corporation and/or Section of our Strata Plan. This amount may be increased/decreased as required by the change in monthly strata fees as approved by the Strata Corporation and/or Section of our Strata Plan 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 and/or Section of our Strata Plan, 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/or Section of our Strata Plan and complying with legal requirements. I/We hereby authorize the Strata Corporation and/or Section of our Strata Plan 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 personalized 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.
- 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.
- 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 email signed form to PAD@prolinemanagement.com