



Strata Corporation BCS 3800 - Residential Section
3732 Mt. Seymour Parkway, North Vancouver

Pre-Authorized Debit Form

Please complete all sections to instruct your financial institution to make payments directly from your account.

Return the completed form with a blank cheque marked "VOID"
Remember to include one postdated cheque covering one month of maintenance fees until the system comes into effect

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Martello Property Services Inc.
#200 - 808 West Hastings Street
Vancouver, B.C.
V6C 2X4

Tel.: (604) 681-6544
Fax: (604) 681-5114

In trust for Strata Plan 3800 - Residential Section

Mr. Mrs. Ms. Miss	Name	Surname
Complete address	City, Province	Postal Code
Name of Financial Institution		

1. In this Authorization "I", "me", and "my" refer to each Account-Holder who signs below.
2. I agree to participate in this pre-authorization debit plan and I authorize the Payee to draw a debit, in paper, electronic, or other form (a "Pre-Authorized Debit"), on my account, indicated above (The "Account") at the financial institution branch indicated above (the "Financial Institution") for monthly maintenance fees, recurring/ongoing special assessments for a minimum duration of one year, and any duly assessed recurring monthly charges, under terms and conditions agreed to by me with the Payee.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. I agree that revocation of this Authorization does not terminate any contract for goods and services that exists between the Payee and myself. This authorization applies only the method of payment and does not have any bearing on any contract for goods and services exchanged.
4. I agree that the Financial Institution is not required to verify that any Pre-Authorized Debit has been drawn in accordance with this Authorization, including this amount, frequency and fulfillment of purpose of any Pre-Authorized Debit.
5. I agree that a Pre-Authorized Debit in the amount of \$_____ (with a reasonable latitude for Budget changes approved by the Owners at every Annual General Meeting) may be drawn on my Account monthly, beginning _____ 1, 201____. The Payee will, to the best of its ability, advise me in writing of the revised amount at least 30 days in advance of its effective date.

6. I may dispute a Pre-Authorized Debit (a "Disputed Debit") by providing a signed declaration to the Financial Institution under the following conditions:
- i) An authorization was never provided to the Payee;
 - ii) The Pre-Authorized Debit was not drawn in accordance with this Authorization, including failure to provide prior notification in case of variable amounts;
 - iii) This Authorization was canceled;
 - iv) The Pre-Authorized Debit was posted to the wrong account due to invalid or incorrect information supplied by the Payee.

On receipt of a written declaration from me that condition (i), (ii), (iii), or (iv) occurred, the Financial Institution will immediately reimburse me for any Disputed Debit up to 90 days after the date the Disputed Debit was posted to my account. I agree that, after this 90-day period, I shall resolve any dispute that I have concerning a Pre-Authorized Debit solely with the Payee.

7. I agree that delivery of this Authorization to the Payee constitutes delivery by me to the Financial Institution.
8. I will inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the Pre-Authorized Debit.
9. I warrant that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I understand and agree to the foregoing terms and conditions and I acknowledge receipt of a copy of this Authorization.
11. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la presente autorisation et tous les documents s'y rattachant soient rediges et signes en anglais.
12. **The Payee requires (thirty) 30-day notice for setting up the automatic withdrawal system and therefore requires interim monthly maintenance cheques.**

Date

Signature of Account-Holder

Signature of Account-Holder

PLEASE RETAIN A COPY FOR YOUR RECORDS