

Instructions: Fill in all fields then print form and sign. Return signed form, along with a void cheque, to dWell via mail, fax or email.

Authority to Debit Account: I/We hereby authorize RE/MAX dWell Property Management (dWell) on behalf of my/our Strata Corporation and Vancity Savings Credit Union to debit my/our account, on the first of each month, my recurring strata fees and any authorized charges (parking and lockers etc.) as approved by the strata corporation from time to time.

I/We hereby authorize dWell to increase or decrease my monthly debit as required to reflect my/our monthly strata fees as established by the Strata Corporation from time to time, including any one-time retroactive strata fee adjustments as approved by the Strata Corporation from time to time.

Cancellation of Agreement: This authority shall continue until dWell has received written notification from me/us of its change or termination at least ten (10) business days prior to the next scheduled debit date. I/We may obtain a PAD cancellation form from www.dwellproperty.ca. I/We may also obtain a sample PAD cancellation form, or further information on my/our right to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca.

Assignment of PAD Agreement: dWell may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

Recourse/Reimbursement Statement: 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.

Payor Account and Contact Information: I/We undertake to provide written notice to dWell of any change in the account or address information provided in this authorization as soon as the change occurs. I understand that account information changes must be received by dWell at least ten (10) business days prior to the next scheduled debit date in order to avoid the possibility that my debit is returned by my financial institution.

Delivery: I/We acknowledge that delivery of this authorization to dWell constitutes delivery by me to the above financial institution. I/We acknowledge receipt of a copy of this authorization.

My Information (Please print clearly)

Strata Plan: Strata Lot: Civic Address: -
(unit #) (street address)

Name of Strata Lot Owner(s)

Phone: (Res.) (Bus.) (Mobile)

Commencement Date of this PAD Agreement: 1st of Every Month Commencing (YYYY-MM-DD):

Type of Use (please check one): Personal Business

Payment Type: Strata Fee Parking (if applicable) Locker (if applicable) other (please specify)

Bank Account Information

Please affix a **VOID CHEQUE**
or

You may also attach a bank account document completed/verified by your financial institution.

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

x _____
Signature of Account Holder

Name (Please Print)

Date(YYYY-MM-DD):

x _____
Signature of Joint Account Holder (if appropriate)

Name (Please Print)

Date(YYYY-MM-DD):

Please submit completed PAD Agreement by mail or fax: (604) 821.1822 or email: ar@dwellproperty.ca