Pre-Authorized Debit (PAD) Agreement

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

Authority to Debit Account: I/We hereby authorize 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 recurring charges (parking and lockers etc.) as approved by the strata corporation from time to time. I/We may also authorize Dwell to perform One-Time catch-up of arrear balance as per indicated below in addition to those recurring debit charges.

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 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.payments.ca. Further, Dwell reserves the right to cancel this PAD without notice, should payment be returned NSF for three (3) consecutive months.

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.

<u>Delivery</u>: 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 (Pleas	se print clearly)			
Strata Plan:	Strata Lot:	Unit #:	Address:	
Name of Strata Lot	Owner(s)			
Phone: (main) (other)		Email:		
Payment Information(Check all applicable f	ields)		
Payment Type:		•	Locker Other R	ecurring Fees (please specify)
Effective Date of th	e PAD for Above Pay	ment on 1st	t of Every Month Cor	mmencing (YYYY-MM-DD)
Pay Balance Owing Prior to Commencing of PAD: Yes - Strata Fee Yes - Other (please specify)				
Type of Use (pleas	e check one): Pers	sonal	Business	
		Bank A	ccount Informat	ion
		Diagram	-#: VOID OUTOL	ı.e.
		Please a	affix a VOID CHEQU or	JE
You may also attach a bank account document completed/verified by your financial institution.				
from the above commend				e charge(s) which we authorized to withdraw plete.
I/We warrant that all per	rsons whose signatures	are required	to sign on the account	have signed this PAD Agreement below.
Cianatura of Associat Holdon			Cignoture of laint Associat Holder (f	
Signature of Account Holder			Signature of Joint Account Holder (if appropriate)	
Name (Please Print)			Name (Please Print)	
Date(YYYY-MM-DD):			Date(YYYY-MM-DD):	

Please submit completed PAD Agreement by mail or email: pad@dwellproperty.ca