PROPERTY ACCOUNTS REAL ESTATE MANAGEMENT CORPORATION
156 8168 136A ST Surrey BC, V3W2Z6

Phone: 877-836-3707

Email: info@propertyaccounts.ca

Phone: 604-283-4553

Website: www.propertyaccounts.ca

PRE-AUTHORIZED PAYMENT PLAN AUTHORIZATION

1. I/We hereby authorize Property Accounts Real Estate Management Corporation (Property Accounts) on behalf of our Strata Corporation to debit my/our account on the date due, an amount equal to the undersigned's strata lots shares of the total contributes budgeted for the monthly strata fee owing to the Strata Corporation pursuant to the *Strata Property Act* and/or authorized by strata council. The amount of strata fee may be increased or decreased as required to reflect my/our strata lot's share as established by the Strata Corporation from time to time.

2. The account that *Property Accounts* is authorized to draw upon is indicated on a sample cheque marked "VOID" which is placed on the bottom of this page.

3. I/We undertake to inform *Property Accounts* immediately, in writing, of any change in the account or other information provided in this authorization. If the account is transferred to another financial institution this authorization becomes null and void on the date of the transfer, and it will be necessary to provide a new authorization to *Property Accounts.*

4. This authorization may be cancelled at any time upon 30 days written notice to Property Accounts.

5. I/We acknowledge that delivery of this authorization to *Property Accounts* constitutes delivery by me/us to the above financial institution.

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

7. All pre-authorized payments must be made on the first day of each month. If the pre-authorized application is received in our office later than the 18th of the month, you are required to submit a cheque to pay for the current month plus the following month.

STRATA PLAN # _____   STRATA LOT# _____

UNIT #_____   ADDRESS _____

CITY _____

SURNAME _____   FIRST NAME _____

AUTHORIZED SIGNATURE _____

PLACE "VOID" CHEQUE HERE