AUTHORIZATION TO DEBIT AN ACCOUNT
UNDER THE PRE-AUTHORIZED PAYMENT PLAN

The undersigned authorizes Strategic Property Management (hereinafter called the "Payee") to issue on his behalf any cheque, payment order or request drawn on the financial institution named below to the order of the Payee, in payment of the amounts owing to the Payee under the terms of the present agreement and future contracts between the Payee and the undersigned.

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please type or print clearly)*

Branch Number	Institution #	Accout Number

Name of Financial Institution: _____

Branch: _____

Branch Address: _____

City/Province: _____ Postal Code: _____

Payment: Variable Amount MAX $1,000.00 Type of Service: Personal [X] Business [ ]

Top-ups or adjustments permissible? Yes / No Occurring: Monthly Condo Fees - 1st of every month

The above-named institution is hereby authorized to pay and to debit to account described above any cheque, payment order or request whatsoever, payable to the Payee and drawn on said account by a bank acting in the name of the Payee. Any cheque, payment order or request whatsoever thus drawn by the Payee's bank shall be considered as having been signed by the undersigned.

_____

Signature(s) of authorized signing officer(s)" as it apprears on cheques

PAYEE INFORMATION

Condo Name: _____

Address: _____

_____

For the purposes of this authorization, the word "cheque" shall be deemed to include any payment order drawn on an institution other than a bank. Furthermore, if this authorization is signed by more than one person, the singular shall be interpreted as a plural wherever it occurs.

This authorization can be revoked at any time by written notification to the Payee at the address below, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreemrnt. For example, you 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 your recourse right, contact your financial institution or visit www.cdnpay.ca

PAYOR INFORMATION

Payor Name(s): _____

Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____ Date: _____

_____

Signature(s) of authorized signing officer(s)" as it apprears on cheques

Please attach a sample of a cheque marked "VOID" from the above-mentioned institution. If he account requires two signatures, then the present authorization should be signed by the same two officers.

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