

Date: \_\_\_\_\_

**DIRECT DEBIT PAYMENT AUTHORIZATION AGREEMENT**  
**(TO AUTOMATICALLY PAY MONTHLY STRATA FEES)**

The undersigned hereby authorizes Peninsula Strata Management LTD. to draw monthly debits by electronic transfer to cover payments due by the undersigned to:

Building Name & Strata Plan No.: \_\_\_\_\_ Unit No. \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

For monthly strata fees in the amount of \$ \_\_\_\_\_, parking fees \$ \_\_\_\_\_, other \$ \_\_\_\_\_

Payments commencing the first day of \_\_\_\_\_, 20 \_\_\_\_\_.  Clear all arrears on account

Pre-Authorized Category:

Personal PAD

Business PAD

Funds Transfer PAD

The undersigned hereby: **Please note: After three (3) consecutive NSF charges, the PAP will automatically be cancelled.**

1. Acknowledges that all persons whose signatures are required to sign on this account have signed this agreement. Acknowledges that any delivery of this authorization by you constitutes delivery by the undersigned to the processing institution.
2. Agrees that in order to cancel this agreement written notice of revocation will be given to Peninsula Strata Management by the 20<sup>th</sup> of the month before the next scheduled date of the debit transaction. You may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
3. Agrees to inform Peninsula Strata Management of any change of account information provided in this authorization by the 20<sup>th</sup> of the month prior to the next scheduled due date of the pre-authorized debit.
4. Authorizes Peninsula Strata Management to increase/decrease amounts drawn of the account from year to year as future budgets adopted by my Strata Corporation affect monthly strata fees.
5. Agrees to review the Annual General Meeting Minutes with respect to my financial obligations to the Strata Corporation should the date of the said AGM be subsequent to the 20<sup>th</sup> of the month prior to the fiscal year end of the Strata Corporation.
6. You have certain recourse rights if any debit does not comply with this agreement. 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 rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE ATTACH A VOID CHEQUE OR CUSTOMER ACCOUNT INFORMATION FORM**

Please return this form to Peninsula Strata Management LTD. before the 25<sup>th</sup> of the month for the withdrawal to be effective on the 1<sup>st</sup> day of the following month.

I/WE understand the personal information provided above is for the purposes of identifying and communicating with me, for processing payments, ensuring the orderly management of the Strata Corporation and complying with applicable legal requirements. I hereby authorize the Strata Corporation to collect, use and disclose my personal information for these purposes only.

SIGNATURES

Set Up Pre-Authorized Payment	Change Banking Information
_____	_____

Peninsula Strata Management LTD.  
#202-2626 CROYDON DRIVE, SURREY, BC, V3Z 0S8  
Tel: 604-385-2242 Fax: 604-385-2241

\*You may mail or drop your form off at our location, or scan and email it to  
[admin@peninsulastrata.com](mailto:admin@peninsulastrata.com)\*