

PRE-AUTHORIZED DEBITS (PAD) - ENROLLMENT FORM

1. I (We) hereby authorize R. JANG & Associates Ltd. on behalf of our Strata Corporation, to begin deductions as per my/our instructions for monthly regular recurring payments and one-time payments (ie. special levies) from time to time, for payment of all charges related to the undersigned Strata Corporation.

This amount may be increased/decreased as required by the change in monthly strata fees as approved by the Owners of the Strata Corporation at a properly convened Annual General Meeting. If approved retroactively, a one time deduction will be made to cover the retroactive period.

2. I (We) undertake to inform R. JANG & Associates Ltd., in writing, of any change in the account or address information provided in this authorization, fifteen (15) days before the beginning of the month. If the account is transferred to another financial institution, it will be necessary to provide R. JANG & Associates Ltd. with a voided cheque
3. This form must be received at the R. JANG & Associates Ltd. office no later than the 15th day of any given month in order to be effective for the first day of the following month.
4. This authorization may be cancelled at any time upon receipt of a minimum of 15 days written notice to R. JANG & Associates Ltd. prior to the first day of the following month. A sample cancellation form, or further information on your right to cancel this PAD Agreement, may be obtained from your financial institution or by visiting www.cdnpay.ca.
5. I (We) acknowledge that delivery of this authorization to R. JANG & Associates Ltd. constitutes delivery by me to the financial institution indicated on the face of my voided cheque.
6. I (We) warrant that all persons whose signatures are required to sign on this account have signed below.
7. R. JANG & Associates Ltd. does not charge a monthly fee for this service. However, after the initial set up, there is a \$10 transaction fee for changes such as: *bank account change; temporary stop or restart; one time payments*
8. 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 PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on recourse rights, please contact your financial institution or visit www.cdnpay.ca.

PLEASE ATTACH "VOIDED" CHEQUE

Name(s): _____ Type of Service: Personal ___ Business ___

Suite #: _____ Property Address: _____

Tel #: _____ Strata Plan: _____ Current Strata Fee: \$ _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(Branch – 5 digits; FI – 3 digits)

Address: _____

Date

Signature

2nd Signature (if required)

Please mail, fax or deliver to:

R. JANG & Associates Ltd.
900 – 595 Howe Street
Vancouver, British Columbia
V6C 2T5