## PRE-AUTHORIZED PAYMENT PLAN AUTHORIZATION

## To automatically pay monthly strata fees

## **AGREEMENT**

- 1. I/We hereby authorize Red Door Management Corporation on behalf of your Strata Corporation to begin deductions effective as defined below as per my/our instructions for the following: recurring monthly operating fee(s)/authorized charges parking etc. and /or one-time fee(s)/charges adjustments as voted upon and passed by the general membership of the Strata Corporation from time to time, authorized one-time or sporadic debits, & any fines, penalties, and special levy fee(s) up to \$ 1000.00 as assessed according to the Strata Corporation Bylaws and Rules and Regulations. These above-mentioned fee(s)/charges will be debited to my/our account on the 1st day of every month.
- 2. The account that Red Door Management Corporation 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 Red Door Management Corporation immediately, in writing, of any change in the account or other information provided in this authorization before the 15th of the month.
- 4. This authority is to remain in effect until Red Door Management Corporation has received written notification from me/us of its change or termination. This notification must be received with 15 days before the next payment is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAP Agreement at my/our Financial institution or by visiting www.cdnpay.ca
- 5. I/We acknowledge that delivery of the authorization to Red Door Management Corporation constitutes delivery by me/us to the financial institution below.
- 6. Red Door Management Corporation may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.
- 7. I/We have certain recourse rights if any debt does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAP that is not authorized or is not consistent with the terms of the PAP Agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca
- 8. NSF fees are still applicable for auto payments that are returned by the bank for any reason.
- 9. I/We warrant that all persons whose signatures are required to sign on this account have signed the agreement below.

## **OWNER & PAYMENT INFORMATION**

Effective Date				
	Year	Month		Day
Property				
	Strata Number			Strata Lot
For Address				
	Full Address			
Owner				
2	First Name		Last Name	
	, not rame		Last Hamo	
Owner's Signature				
Owner's Signature	Ciamatuma			
	Signature			
Place 'Void' Cheque Here				

Please remit completed form by mail/e-mail to: