

PRE-AUTHORIZED PAYMENT PLAN (PAP)

The following page contains the actual form to be filled and submitted. Before completing the form, please note the following:

1. Any PAP forms received after the 15th of a month will not be processed until the next month. Kindly provide a check for any strata fees that are due or may become due in the meantime.
2. If you have an unpaid or outstanding balance of strata fees on your account, kindly provide a written note along with your PAP form to clear these balances.
3. Please indicate on your PAP form the start date that you wish to begin drafting electronically.

PRE-AUTHORIZED PAYMENT PLAN (PAP)

STRATA PLAN

STRATA LOT

Mailing Address:

Owner(s) Names:

Telephone: _____

As an added security feature, please choose a personal password that you will require when accessing account information by telephone (suggest Mother's Maiden Name) _____

1. I/We hereby authorize Croft Agencies Ltd, on behalf of our Strata Corporation to debit my/our account monthly, covering monthly strata fees due by the undersigned to the Strata Corporation. This amount may be increased/decreased as required by the change in monthly strata fees as approved by the Strata Corporation.
2. I understand the personal information provided is for purposes of identifying/communicating with me, processing payments, responding to emergencies, ensuring the orderly management of the Strata Corporation and complying with legal requirements. I hereby authorize the Strata Corporation to collect, use and disclose my personal information only for these purposes.
3. The account that Croft Agencies Ltd is authorized to draw upon is indicated below: **A 'VOID' cheques specimen is attached to this authorization.**
4. I/We undertake to inform Croft Agencies Ltd of any change in the account or address information provided in this authorization as soon as the change occurs.
5. This authorization may be cancelled at any time upon written notice to Croft Agencies Ltd.
6. I/We acknowledge that delivery of this authorization to Croft Agencies Ltd constitutes delivery by me/us to the above financial institution.
7. I may revoke my authorization at any time, subject to providing notice of (Payee to insert period – not to exceed 30 days). To obtain a sample cancellation form, or for more information on my right to cancel a PAP Agreement, I may contact my financial institution or visit www.cdnpay.ca.
8. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on my right to cancel a PAP Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Date

Signature

ATTACH VOID CHEQUE HERE

***** If your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment.**

3 DIGIT BANK #

5 DIGIT TRANSIT #

ACCOUNT #

Professionally managed by: Croft Agencies Ltd
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Website: www.croftagencies.com