

Pre – Authorized Payment (PAP) Plan

THIS FORM IS REQUIRED TO BE RECEIVED BY THE 20TH OF
THE MONTH PRIOR TO THE ANTICIPATED PAP
COMMENCEMENT/CHANGES OR TERMINATIONS.

Mail – Pivot Point Properties Ltd.
103-2190 West Railway St
Abbotsford, B.C. V2S 2E2
Email – info@pivotpointproperties.com
Fax – 604-743-1606

STRATA PLAN _____

STRATA LOT # _____

BUILDING NAME _____

PHASE &/OR UNIT _____

Application type:

New Application

Change of banking information

Outstanding amount(s):

Pay arrears on first PAP draw? Yes No

I/we the undersigned hereby authorize **Pivot Point Properties Ltd.** on behalf of the Strata Corporation as noted above, to commence recurring monthly preauthorized payments on the first (1st) day of each month starting _____ for the payment of strata fees, parking/storage rental and/or other authorized charges.

This authorization grants **Pivot Point Properties Ltd.** authority to adjust monthly payment of strata fees, parking/storage rental fee(s) and/or other authorized charges as approved by the Strata Corporation at Annual or Special General Meetings and will remain in effect until **Pivot Point Properties Ltd.** has received written notification to change or terminate this agreement.

NAME: _____ ADDRESS: _____

MAILING ADDRESS: SAME AS ABOVE OR _____

CELL PHONE: _____ HOME PHONE: _____

Please return the completed form by mail, fax or email to:

Pivot Point Properties Ltd. Unit #103-2190 West Railway Street,
Abbotsford, B.C. V2S 2E2

Phone: 604. 743. 1600 Toll Free: 1.844.543.1600 Fax: 604.743.1606 Email: info@pivotpointproperties.com

Date: _____ Signature _____ Signature _____

ATTACH A VOID CHEQUE
OR
FINANCIAL INSTITUTION FORM