

# DIRECT WITHDRAWAL PRE-AUTHORIZED DEBIT PAYMENT PLAN



· ESTABLISHED 1887 ·

Effective Date \_\_\_\_\_ (mm/dd/yyyy) New: \_\_\_ Change: \_\_\_

\*This form must be received by Pemberton Holmes LTD. **ATTENTION PAUL BUTTERWORTH** by the 25<sup>th</sup> of the month prior to the effective date.

#107-2360 Beacon Ave, Sidney, BC V8L 1X3  
Phone: 250-516-1915 Fax: 778-426-8214  
Email: paulbutterworth58@gmail.com

_____ NAME OF OWNER	_____ EMAIL ADDRESS	
_____ STRATA PROPERTY ADDRESS	_____ PHONE #	_____ STRATA PLAN
_____ MAILING ADDRESS (If different from above)		
_____ NAME OF FINANCIAL INSTITUTION	_____ BRANCH ADDRESS	
_____ BRANCH TRANSIT NO.	_____ ACCOUNT NO.	

I/We hereby authorize PEMBERTON HOLMES LTD. to debit my/our account indicated above for the amount of \$ \_\_\_\_\_ on the first day of each month commencing \_\_\_\_\_ 1<sup>st</sup>, 20\_\_.

I/We waive any and all requirements for pre-notification of debiting including, without limitation, any increase or decrease in the debit amount and/or catch-up fee due as a result of an approved annual budget.

## TO ENSURE ACCURACY, PLEASE ENCLOSE A SPECIMEN CHEQUE MARKED VOID

This authorization may be cancelled at any time upon written notice by me/us. Any delivery of this authorization to PEMBERTON HOLMES LTD. constitutes delivery by me/us.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (1)

\_\_\_\_\_  
SIGNATURE (2)

### TERMS AND CONDITIONS

1. The applicant(s) authorizes PEMBERTON HOLMES LTD. to debit the applicant's financial institution and credit the designated account for the Strata Corporation.
2. Authorization to revoke or amend this agreement must be received by PEMBERTON HOLMES LTD. - ATTENTION PAUL BUTTERWORTH in writing 5 full business days prior to the next payment date.
3. The applicant acknowledges the Financial Institution is not required to verify:
  - The debit has been in accordance with the particulars of the authorization including the amount and frequency of payments.
  - Any purpose of payment for which the debit is issued has been fulfilled by PEMBERTON HOLMES LTD. as a condition to honouring a debit issued or caused by PEMBERTON HOLMES LTD. on the account.
4. Revocation of this agreement does not in any way terminate any other obligations between the applicant(s) and PEMBERTON HOLMES LTD.
5. The applicant(s) may apply in writing to the Financial Institution for reimbursement of the debit if the debit was disputed under the following conditions:
  - An authorization was never provided to PEMBERTON HOLMES LTD.
  - The debit was not drawn in accordance with the authorization OR
  - The authorization was revoked in accordance with #2 above.The Financial Institution will upon receipt of the applicants signed declaration: up to 90 days after the date of the debit in dispute was posted to the applicant(s) account, immediately reimburse the applicant(s); after 90 days, request that PEMBERTON HOLMES LTD. provide a copy of the authorization. The financial institution verifies authorization of the debit and determines that the above points took place before reimbursing the applicant.
6. In the event that the financial institution of the applicant is unable to honour a transaction, or the applicant does not give 5 full business days notice prior to the due date of any changes or cancellations the applicant agrees and hereby authorizes PEMBERTON HOLMES LTD. to charge the applicant's account a service fee of \$25.00 and to collect each service fee at the date PEMBERTON HOLMES LTD. is made aware that the transaction has been dishonoured by the applicant(s) account.
7. I/We, the applicant(s) have read and understand and agree to the terms and conditions on this form.
8. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement.
9. I/We the applicant hereby agrees that the amount may increase or decrease based on our STRATA FEE and / or SPECIAL ASSESSMENT being levied.