

Siegle Properties B.C. Ltd.
#211 – 8680 Cambie Road
Richmond, B.C. V6X 4K1
Tel : 604-207-2000 Fax : 604-207-2001
Email : customerservice@siegleproperties.com

Strata Plan: _____
Strata Lot: _____
Suite #: _____
Building: _____

PRE-AUTHORIZED PAYMENT PLAN

1. I/We hereby authorize Siegle Properties B.C. Ltd. on behalf of our Strata Corporation to debit my/our account monthly, covering monthly operating maintenance fees due by the undersigned to the Strata Corporation. This amount may be increased/decreased as required by the change in monthly operating maintenance fees as approved by the Strata Corporation.
2. Hereinunder is the detail information of the account of which Siegle Properties B.C. Ltd. is authorized to draw upon. A cheque marked "VOID" is attached herewith for your easy reference.

Last name: _____, First Name: _____, Middle Name: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Branch Name/Number: _____ Account # _____

Address of Strata Lot: _____, _____, _____
Suite # Street # City

3. I/We undertake to inform Siegle Properties B.C. Ltd. of any change in the account or address information provided in this authorization within 7 business days after the change occurs.
4. I/We acknowledge that, in order to cancel this agreement, written notice of revocation shall be given to Siegle Properties B.C. Ltd. 7 business days prior to the next scheduled date of pre-authorized debit.
5. I/We acknowledge that delivery of this authorization to Siegle Properties B.C. Ltd. constitutes delivery by me/us to the above-mentioned financial institution.
6. I/We warrant that all persons whose signatures are required to sign on this account have signed this authorization below.
7. 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 a form for a Reimbursement Claim, or for more information on my/our recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature

Signature

Date

Contact Phone#

*****Please also attach a "VOID" cheque*****