

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT -STRATA SECTION FEE

Terms and Conditions:

1. I/We acknowledge that I/we are participating in a PAD plan established by Dorset Realty Group and I/we participate in this PAD plan upon all terms and conditions set out herein. Dorset Realty Group reserves the right to reject my/our application or discontinue the service.
2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.
3. I/We acknowledge that this PAD authorization is provided for the benefit of Dorset Realty Group and the processing institution administering the account, and is provided in consideration of the said processing institution agreeing to process these PADs against my/our bank account in accordance with the rules of the Canadian Payments Association.
4. I/We hereby authorize Dorset Realty Group on behalf of our Strata Section and its processing institution to debit my/our bank account on the 1ST day of each month:
 - ✓ All recurring monthly strata section fees and/or
 - ✓ Any one-time retroactive strata section fees adjustments; and/or
 - ✓ Any one-time sporadic debit of any kind (e.g. a “catch-up” payment on previous outstanding strata section fees for first time PAD enrolment, NSF administration fee, etc.) as authorized by me/us.

I/we understand that the amount of section fees may be increased or decreased based on the approved budget as adopted by my/our strata section from time to time. **I/WE AGREE TO WAIVE THE REQUIREMENTS FOR PRE-NOTIFICATION INCLUDING, WITHOUT LIMITATION, PRE-NOTIFICATION OF ANY CHANGES IN THE AMOUNT OF THE PAD DUE TO A CHANGE IN SECTION FEES, CHARGES, OR ADJUSTMENT.**

5. I/We acknowledge that delivery of this authorization to Dorset Realty Group constitutes delivery by me/us to the processing institution.
6. I/We understand that this authority is to remain in effect until Dorset Realty Group has received written notification from me/us of its change or termination. The notification must be delivered to the office of Dorset Realty Group at least ten (10) business days in advance of the next PAD withdrawal. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting the office of Dorset Realty Group or by visiting www.cdnpay.com.
7. I/We undertake to inform Dorset Realty Group immediately, in writing, of any change in the account (e.g. account closure, change of account number, etc.) or other information (e.g. mailing address, phone number etc.) provided in this authorization.
8. I/We understand that Dorset Realty Group will charge me/us \$25.00 plus applicable taxes for each change of bank information and/or reenrollment subsequent to the initial enrollment to the PAD pertaining to the property address indicated below. Dorset Realty Group will not charge me/us for initial enrollment to or permanent termination of the PAD.
9. 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 debit that is not authorized or is not consistent with this PAD Agreement. I/We may obtain more information on my/our recourse rights by contacting my/our financial institution or the office Dorset Realty Group
10. I/We understand the personal information provided in this PAD Agreement is for purposes of identifying and communicating with me/us, processing payments, responding to emergencies, ensuring the orderly management of the strata section and complying with legal requirements. I/We hereby authorize the strata section to collect, use and disclose my/our personal information for these purposes.

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This service is for: Individual PAD _____ Business PAD _____ (Please check)

PERSONAL INFORMATION

SECTION NUMBER: _____

Name of Owner(s)		Strata Plan	Strata Lot
Address of Strata Lot		City	Postal Code
Mailing Address (If different from above)		City	Postal Code
Phone Number (Res.)	(Bus.)	(Cell)	Email Address

BANK INFORMATION – Please choose one of the following:

VOID CHEQUE ATTACHED

Financial Institution (FI): _____

FI Transit Number:

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(Transit/Branch -5 digits; FI – 3 digits. E.g., 12345-999)

FI Account Number:

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Financial Institution Address: _____

City/Town: _____ Province: _____ Postal Code: _____

ATTACH VOID CHEQUE HERE																				
<input type="checkbox"/> Or, 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. <i>Bank to stamp in the box:</i> Financial Institution Number: <table border="1"><tr><td></td><td></td><td></td></tr></table> Branch Transit Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Deposit Account Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Name of Financial Institution _____ Chequing Account _____ Savings Account _____ Branch Address _____ (Please check)																				BANK STAMP

AUTHORIZATION

By signing this authorization, I/We acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-authorized Debit Agreement, a copy of which has been provided to and retained by me/us.

Date

Signature of payer(s)

1. Initial Page 1.
2. Complete and sign Page 2.

3. Submit **BOTH** Page 1 and Page 2 by mail, fax or email to: **Dorset Realty Group**
215 – 10451 Shellbridge Way, Richmond, BC, V6X 2W8
Tel: 604-270-1711 Fax: 604 270-8446 Email: general@dorsetrealty.com

PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 15TH DAY OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. Since the PAD program is not retroactive, please enclose a cheque for any balance owing prior to PAD commencement OR to attach a note authorizing our office to do a one-time sporadic “catch- up” payment.