

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT - STRATA 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 Corporation and its processing institution to debit my/our bank account on the 1<sup>ST</sup> day of each month:
  - ✓ All recurring monthly strata fees and/or
  - ✓ Any one-time retroactive strata fees adjustments; and/or
  - ✓ Any one-time sporadic debit of any kind (e.g. a “catch-up” payment on previous outstanding strata fees for first time PAD enrolment, NSF administration fee, etc.) as authorized by me/us.

I/we understand that the amount of strata fees may be increased or decreased based on the approved budget as adopted by my/our strata corporation 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 STRATA 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](http://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 corporation and complying with legal requirements. I/We hereby authorize the strata corporation to collect, use and disclose my/our personal information for these purposes.

Payer(s) Initials

**INITIAL HERE**

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

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

**PERSONAL INFORMATION**

Name of Owner(s)		Strata Plan	Strata Lot
Address of Strata Lot		City	Province
Mailing Address (If different from above)		City	Province
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**

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. *Bank to stamp in the box:*

Financial Institution Number:

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Branch Transit Number:

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Deposit Account Number:

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**BANK  
STAMP**

Chequing Account

Savings Account

(Please check)

Name of Financial Institution

Branch Address

**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** Page1 and Page2 by mail, or emailto: **Dorset Realty Group**

230 – 10451 Shellbridge Way, Richmond, BC, V6X 2W8

Tel: 604-270-1711 Email: general@dorsetrealty.com

**PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 15<sup>TH</sup> 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.**