

Pre-authorized Debits (PAD) Plan Agreement Payor's Authorization

Property Name: Park Point Condominium **Strata/Condominium Corp #**1811544 **Unit #**

The undersigned hereby authorize(s) **Gateway West Management Corporation** (as agents) to prepare monthly debits, by paper or electronic entry, covering payments due by the undersigned to Strata Corporation # **1811544** for monthly Strata Fees. The monthly payment will be debited from your specified account on the 1st day of every month.

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	FIRST NAME	INITIALS	FAMILY NAME
<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss			
ADDRESS		CITY	PROV.	POSTAL CODE
TELEPHONE				

Type of Service: Personal _____ Business _____

REQUIRED : Please attach a **SAMPLE CHEQUE** marked **"V O I D"**
OR a Banking information document obtained from your financial institution stating your
 BANK ACCOUNT NUMBER: / BRANCH NO. (5 DIGITS) / INSTITUTION No.(3 DIGITS)
In order to ensure complete accuracy, no handwritten bank account #s will be accepted.

THE UNDERNOTED FINANCIAL INSTITUTION IS HEREBY AUTHORIZED TO PAY AND DEBIT THE ACCOUNT OF THE UNDERSIGNED

NAME OF FINANCIAL INSTITUTION		
ADDRESS	CITY	PROV.
1st WITHDRAWAL DATE		

TERMS OF AGREEMENT

- | | |
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| <ol style="list-style-type: none"> 1. All amounts payable to Strata Corporation # 1811544 drawn on or directed to you by a financial institution. 2. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned. 3. Any delivery of this authorization to you constitutes delivery by the undersigned. 4. The Bank is not responsible to verify that the payments are correctly debited to the undersigned's accounts. 5. The Payor has certain recourse rights if any debit does not comply with this agreement. For example, the Payor has 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 Payor's recourse rights, the Payor may contact his/her financial institution or visit www.cdnpay.ca. | <ol style="list-style-type: none"> 6. Please return this form to Gateway Property Management before the 15th OF THE MONTH in order for the withdrawal to be effective on the 1st day of the following month. As this PAD Agreement is not retroactive, please enclose a cheque for any balance owing prior to PAD commencement OR attach a note authorizing Gateway to withdraw a one time catch up payment.

 <p style="text-align: center;"><u>CHANGES / CANCELLATIONS</u></p> <ol style="list-style-type: none"> 1. This authorization may be changed or terminated upon written notice BEING RECEIVED 15 DAYS PRIOR to effective date change, although the obligations of the undersigned to Strata Corporation # 1811544 would not end. To obtain a sample cancellation form, or for information on the Payor's right to cancel a PAD Agreement, the Payor may contact his/her financial institution or visit www.cdnpay.ca. 2. The undersigned will promptly notify Gateway of any changes in the account information provided. |
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 Date Signature as you sign your cheque

(For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account)

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 Signature as you sign your cheque

Contact Information:
 Gateway Property Management *
 360 – 4311 12th Street NE
 Calgary, AB. T2E 4P9

Telephone :403-283-7118
 Fax : 403-283-7181
 Website www.gatewaypm.com

ACCOUNTING INFORMATION : **Effective Date:** _____ **Amount:** _____