

PRE-AUTHORIZED PAYMENT PLAN

Electronic Fund Transfer Form

Strata Corporation Common Expense Fees

STRATA CORPORATION NAME

UNIT#

Please complete in full and return this form to Larlyn Property Management (BC) Ltd. It is essential that you attach a VOID cheque from your bank account to ensure the accuracy of the institution, transit and bank account numbers.

NAME OF OWNER							
NAME OF CONTACT							
COMPLETE MAILING ADDRESSS					SUITE NUMBER		
	CITY			PROV		POSTAL CODE	
TELEPHONE			ALTERNATE TELEPHONE				
EMAIL							

I/We hereby authorize Larlyn Property Management (BC) Ltd. on behalf of the Strata to debit my/our account for the amount of the monthly common expense fees as of ______, 20 _____ amounting to \$______ per month or **as increased by proper notice of the Strata**. Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the Corporation to debit the amount specified from my/our account. This authorization shall remain in effect until cancelled by me/us in writing. I/We further understand that any payments not honoured by my/our bank may be assessed processing fees of <u>\$45.00</u>. Processing fee is subject to change without further notice. Two to five (2-5) business days should be allowed for processing payments by the bank.

ARREARS: Please authorize here for any arrears that you wish to clear on the first processing date: \$______

I/We direct that payments be taken from the account as detailed on the <u>attached</u> voided cheque:

NOTE: To ensure accuracy, PLEASE attach a sample cheque (or equivalent bank form) marked "VOID"

	DAVID B. SHEFFIELD 123 MAIN STREET, APT 45 YOUR TOWN, STRIET, APT 45 120 MAIN STREET, APT 45 YOUR TOWN, STRIET 00876-5432 DATE PAY TO THE ORDEH OF YOUR FINANCIAL INSTITUTION ANYTOMI, USA FOR 1:1 23 4, 55 780: 0301 123=4,55=71*	0301 				
	no later than the 25th day of the preceding month. (For ex ould have to be received in our office by January 25th).	ample, if you would like payments to start on				
Print Name	Signature	Date				
Print Name	Signature	Date				
Please note that for joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account. If signing on behalf of a corporation please affix corporate seal or attach resolution of signing authority.						
LARLYN PROPERTY MANAGE	Form 47541 June 2015					