



# PRE-AUTHORIZED PAYMENT PLAN

Electronic Fund Transfer Form  
Strata Corporation Common Expense Fees

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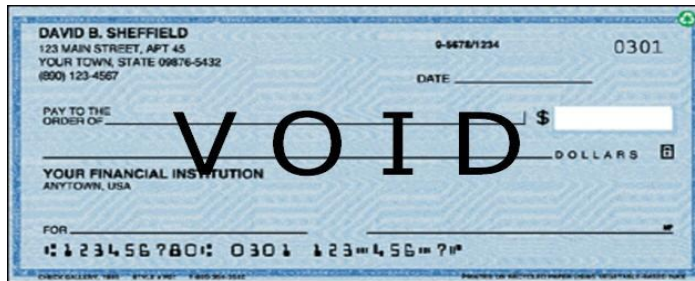
Please complete in full and return this form to Larlyn Property Management (BC) Ltd. It is essential that you attach a VOID cheque from your bank account to ensure the accuracy of the institution, transit and bank account numbers.

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

I/We hereby authorize Larlyn Property Management (BC) Ltd. to debit my/our account on behalf of the Strata for the monthly common expense fees as of \_\_\_\_\_, 20\_\_\_\_ amounting to \$\_\_\_\_\_ per month or **as increased by proper notice of the Strata**. Should additional charges be billed to your ledger, these amounts will also be processed in addition to your monthly pre-authorized payment with advance notice provided. Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the Corporation to debit the amount owing from my/our account. This authorization shall remain in effect until cancelled by me/us in writing at least thirty (30) business days prior to the next due date of Pre-Authorized Payment. I/We further understand that any payments not honoured by my/our bank may be assessed processing fees of \$45.00 in addition to any additional fees levied by the Strata's policies. Processing fee is subject to change without further notice. Payments are processed at the beginning of each month. Two to five (2-5) business days should be allowed for processing payments by the bank.

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

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



Forms must be submitted no later than the 25th day of the preceding month. (For example, if you would like payments to start on February 1st, your form would have to be received in our office by January 25th).

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.**