

Pre-Authorized Payment (PAP) Form

TERMS AND CONDITION

1. I/We hereby authorize TML Management Group Ltd. on behalf of our Strata Corporation to debit my bank account on the first day of each month covering for the following: Please check (“✓”) the applicable items.

Monthly Strata Fees \$ _____ Storage / Locker \$ _____ Parking \$ _____

Effective Date: _____ (MONTH) 1st, 20____ (YEAR) (NOTE: The effective date must be the 1st day of the month)

2. I (We) acknowledge when the Strata Corporation approves a new budget resulting in a change in the amount of the monthly strata fees, the amount of this pre-authorized payment will automatically be changed to the new payment amount. Adjustment and changes of the Strata Fees will be automatically authorized by me/us once the operating budget is approved at the Annual General Meeting or Special General Meeting.

3. I (We) undertake to inform TML Management Group Ltd. in writing, of any change in the account or address information or any cancellation provided in this authorization, at least 10 business days prior to the next due day of the debit. I (we) will provide TML a new EFT form and a new VOID cheque. I (We) understand that a NSF fee will apply to my (our) unit should my (our) EFT be returned due to insufficient funds, account closure, or change, etc. It is my (our) responsibility to ensure my (our) bank account has sufficient fund to cover the EFT.

4. I (We) acknowledge that delivery of this authorization to TML constitutes delivery by me (us) to the financial institution indicated on the face of my VOID cheque.

5. I (We) may revoke this Authorization by delivering written notice of rennovation to TML. This Authorization applies only to the method of payment, and I (we) agree that rennovation of this Authorization does not terminate or vary in any way any contract or the terms of service that are provided to us by TML. I (We) may obtain a sample cancellation form, or further information on the right to cancel this Authorized, at our financial institution or by visiting www.cdnpay.ca.

6. I (We) understand that this PAP will only be processed with my (our) chequing account. If my (our) account does not provide cheque, I (we) will include a document filled out by my (our) bank to ensure the account is coded correctly and allow for pre-authorized payment.

7. I (We) warrant that all persons whose signatures are required to sign on this account have signed below.

Strata Plan: BCS/EPS/LMS/NWS/NW _____ Unit # _____ Date _____

Print Name _____ Phone # _____

Please Indicate New Enrolment
 Change of Bank Account
 Cancellation of Bank Account: Start On/About _____ (MM/YY)

Account Type Personal / Individual Business Account

Civic Mailing Address of Strata Lot _____

Signature _____ Second Signature _____
(IF REQUIRED)

IMPORTANT

This form must be received by TML's office **15th days prior to the effective date**; otherwise, the commencement will begin on the first of the following month. Strata fees are due on the 1st day of each month. **To avoid any late fine, please send in a check to pay the strata fee for the current month.**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to received reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse right, you contact your financial institution or visit www.cdnpay.ca.

PLEASE RETURN TO: TML MANAGEMENT GROUP LTD.