

Strata Plan: _____

Strata Lot: _____

Address of Strata Lot: _____

Surname: _____ First Name: _____ Phone #: _____

Surname: _____ First Name: _____ Phone #: _____

PRE-AUTHORIZED PAYMENT (PAP) PLAN

1. I/We hereby authorize Proline Management Ltd. on behalf of our Strata Corporation to debit my/our account monthly, covering monthly strata fees due by the undersigned to the Strata Corporation. This amount may be increased/decreased as required by the change in monthly strata fees as approved by the Strata Corporation. All pre-authorized payments must be made on the first of the month.
2. I/We hereby authorize Proline Management Ltd. on behalf of our Strata Corporation, to debit my/our account monthly for additional charges for: Parking Locker Other _____
3. I understand the personal information provided is for purposes of identifying and communicating with me, processing payments, responding to emergencies, ensuring the orderly management of the Strata Corporation and complying with legal requirements. I hereby authorize the Strata Corporation to collect, use and disclose my personal information for these purposes.
4. The account that Proline Management Ltd. is authorized to draw upon is indicated below.

A specimen cheque marked "VOID" is attached to this authorization

ATTACH VOID CHEQUE HERE

****If your account does not provide cheques, please have your financial institution authorize the information below with their stamp to ensure the account is coded correctly and will allow pre-authorized payment.****

Bank # (3 digits)

Transit # (5 digits)

Account #

5. I/We undertake to inform Proline Management Ltd. of any change in the account or address information provided in this authorization as soon as the change occurs.
6. This authorization may be cancelled at any time upon 15 days written notice to Proline Management Ltd.
7. I/We acknowledge that delivery of this authorization to Proline Management Ltd. constitutes delivery by me/us to the above financial institution.
8. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement below.

Date

Signature

Date

Signature

PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 18TH OF THE MONTH PRIOR TO THE MONTH THE PAP IS TO COMMENCE. SINCE THE PAP PROGRAM IS NOT RETROACTIVE, PLEASE ALSO ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAP COMMENCEMENT.

**Mail to: Proline Management Ltd., 201 – 20 Burnside Road West, Victoria, BC, V9A 1B3
Should you have any questions please call (250) 475-6440**