

Strata Plan: _____ Unit No: _____

Name of Owner(s): _____ Address: _____

Contact #: _____ Email Address: _____

As an added security feature, please choose a personal password that you will provide when accessing account information by telephone -up to 10 letters (suggest mother's maiden name) _____

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. I/We hereby authorize Kyle Properties 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 from time to time.
2. I/We 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.
3. The account that Kyle Properties 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 bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized debit.****

_____	_____	_____	_____
Bank # (3 digits)	Transit # (5 digits)	Account #	Amount to be drawn

1. I/We undertake to inform Kyle Properties Ltd. of any change in the account or address information provided in this authorization as soon as the change occurs.
2. This authorization may be cancelled at any time upon written notice to Kyle Properties Ltd.
3. I/We acknowledge that delivery of this authorization to Kyle Properties Ltd. constitutes delivery by me/us to the above financial institution.

Dated

Signature of Payer

Start Date

PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 20TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. SINCE THE PAD PROGRAM IS NOT RETROACTIVE, PLEASE ALSO ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAD COMMENCEMENT OR ATTACH A NOTE AUTHORIZING KPL TO DO A ONE-TIME "CATCH-UP" PAYMENT.

Please email to: info@kyleproperties.ca or fax to: 604-732-8858
 Mail to Kyle Properties Ltd., #202-1537 West 8th Avenue, Vancouver, BC, V6J 1T5
 Should you have any questions, please call 604-732-5263.