

**Direct Payment Service Enrollment
Authorization Form**

STRATA

Please complete and return this form to Pace Realty Corporation at: 1330 Fifth Avenue, Prince George, BC V2L 3L4

Include one of your personal cheques unsigned and marked VOID (for verification purposes)

1. Customer Information (Please Print Clearly)

Name: _____ Unit # _____
Address: _____ Phone # _____
E-Mail Address: _____

2. Bank Account Information

Name of Financial Institution _____
Address of Financial Institution _____
Institution number _____ Transit Number _____ Account number _____

3. Pre-Authorized Debit (PAD) Details

I/We Authorize BCS/PGS _____ c/o Pace Realty Corporation, 1330 Fifth Avenue, Prince George, BC V2L 3L4
TO DEBIT MY/OUR ACCOUNT:

For the purpose of:

1. Payment of Strata Fee in the amount of \$ _____

Plus any future increases approved at the AGM.

PAYABLE ON THE FIRST DAY OF EACH MONTH beginning on: _____ (date)

2. Payment of special levy in the amount of \$ _____

PAYABLE ON THE FIRST DAY OF EACH MONTH beginning on: _____ (date)

These services are for (check one)

Personal

Business use

You, the Payor, may revoke your authorization at any time by submitting a written request, subject to providing notice of 30 days. To obtain a cancellation Form, contact our office or download the form from our website at www.pacerealty.ca or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

I/We have read and understood the terms of this authorization and acknowledge a receipt of a copy thereof.

Signed: _____ Date _____

Signed: _____ Date _____

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

PROVIDE VOID CHEQUE