

SPECIAL LEVY - INSTALLMENTS: PRE- AUTHORIZED PAYMENT SERVICE AGREEMENT

	igned hereby authorizes Associa British Columbia, Inc. to draw monthly debits by paper or electronic entry yments due by the undersigned to:
Strata Plan:	Strata Lot #: Building Name:
Owner(s) N	ame:
Unit Addres	ss: #
Email Addre	ess Monthly Special Levy \$.
Number of I	months Starting on first day of: (MM-YY)
Type of Ser (check one the	vice (mark one): Business Personal To authorize withdrawals to clear arrears, please initial box (Not required if you are sending a cheque for any balance owing)
The undersig	ned hereby:
set asi 2. Warrar 3. Acknorbusine 4. Acknorb 5. Agrees days p 6. Authorresolut 7. Agrees I have certain	day of the following month. Late forms will be processed at a later date and the undersigned will ensure that sufficient funds are de and available in the month concerned for the withdrawal. Into that all persons whose signatures are required to sign on this account have signed this agreement; whedges that, in order to cancel this agreement, written notice of revocation shall be given to Associa British Columbia, Inc. 7 as days prior to the next scheduled date of pre-authorized debit.; whedges that any delivery of this authorization by you constitutes delivery by the undersigned to the processing institution; as to inform Associa British Columbia, Inc. in writing of any change of account information provided in this authorization 7 business rior to the next scheduled date of pre-authorized debit; izes Associa British Columbia, Inc. to increase/decrease amounts drawn on the account from time to time as future budgets and alons adopted by the Strata Corporation affect Special Levy fees; AND as to waive the pre-notification requirements of Rule H1 S15(a) of the Canadian Payments Association. In recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any and Debit that is not authorized or is not consistent with this Agreement. To obtain a form for a Reimbursement Claim, or for more
	n my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
ensuring the	the personal information provided above is for the purposes of identifying and communicating with me, processing payments, orderly management of the Strata Corporation and complying with legal requirements. I hereby authorize the Strata Corporation e and disclose my personal information for these purposes.
Signature _	Date
	Banking information must be provided via void cheque or on document verified by your financial institution.
	PLEASE ATTACH A VOID CHEQUE HERE
	Please return this form to Associa British Columbia, Inc. 7 business days before the month for the withdrawal to be effective the 1st day of the following month. Late forms will be processed at a later date.

Fax: 604-592-6114 Toll Free Fax: 1-877-592-3647 Email: abc.pac@associa.ca Mail: 13468 77th Ave, Surrey, BC V3W 6Y3

NO COVER PAGE REQUIRED FOR FAX