

**QUAY PACIFIC PROPERTY MANAGEMENT LTD.
PRE-AUTHORIZED DEBIT (P.A.D.) AGREEMENT**

PAYOR INFORMATION (Please Print Clearly):

Name: _____

Strata Plan: _____ **Property Address:** _____

☐ **Option A:**

If you have a VOID cheque, please attach it here

☐ **Option B:** If you do not have a VOID cheque, please request a Direct Deposit Form from your financial institution and attach it to this Agreement.

☐ **Option C:** If you do not have a VOID cheque or a Direct Deposit Form, please contact your financial institution and fill out the following information

Institution No.			Branch Transit No.				Account No.											

Financial Institution Name: _____

Branch Address: _____

PAYEE INFORMATION:

Quay Pacific Property Management Ltd. ("QPPM")

535 Front Street, New Westminster, BC V3L 1A4

Phone: 604-521-0876 Fax: 604-525-1299 Email: AR@quaypacific.com

PAYMENT TYPE (choose one only):

☐ Personal

☐ Business Use

A "VOID CHEQUE" or "Direct Deposit Form" must be attached with this agreement if Option C is not completed. This form must be completed and received by the Payee at least fifteen (15) days before the first Pre-Authorized Debit (P.A.D.) to be effected.

For any dishonored P.A.D. for any reason such as, but not limited to "NSF", "stop payment" or "account closed", there will be a \$25.00 administration charge and this will be automatically added on to the next P.A.D. withdrawal amount. QPPM reserves the right to cancel this P.A.D. agreement at any time by written notice to the account holder(s)'s mailing address. Three (3) consecutive dishonored P.A.D. transactions will result in the cancellation of this Agreement and you will be required to submit a new P.A.D. Agreement.

I/We hereby authorize Quay Pacific Property Management Ltd. and the financial institution designated to debit my/our account indicate above for the monthly Strata Fees:

\$ _____ COMMERCIAL SECTION, and \$ _____ JOINT / CORPORATE STRATA and

Parking Fees \$ _____ (if applicable) and Locker Fees \$ _____ (if applicable) on the 1st day of every month with effect from _____. Further, I/We understand and authorize the automatic adjustment of the monthly amount to be drawn according to the unit entitlement of the approved Annual Operating Budget.

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the P.A.D. due to a change in any applicable tax rate, top-up, or adjustment.

This authority is to remain in effect until Quay Pacific Property Management Ltd. has received written notification from me/us of its change or termination. This notification must be received **at least ten (10) business days before the next debit is scheduled** at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a P.A.D. Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any P.A.D. that is not authorized or is not consistent with this P.A.D. Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

Payor Signature: _____

Date: _____

Payor Signature: _____

Date: _____

Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.

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