

**Pre-authorized Debit Form
ECM Strata Management Ltd.**

PO Box 2382, Abbotsford, BC V2T 4X2 | T. 604-855-9895 | F. 604-855-9825 | info@ecmstrata.com

**PLEASE ATTACH A 'VOID' CHEQUE HERE OR FAX OR
EMAIL A COPY OF A 'VOID' CHEQUE**

I (we) hereby authorize ECM STRATA MANAGEMENT LTD., on behalf of **Strata Corporation** _____ **Unit** _____ draw on my (our) account with the aforementioned financial institution, for the following purpose:

Payer: Names of Account Holders

_____ and/or _____

Phone #: _____ Email: _____

A debit in the electronic form in the amount of \$ _____, which may increase/decrease from time to time due to a change in fees or other adjustment requested by the account holder, may be drawn on my (our) account on the 1st of each month beginning _____

Arrears may also be withdrawn at this time to bring my account current. YES ___ NO___

Signature of Account Holder

Date

Signature of Account Holder

Date

I (we) warrant that all persons whose signatures are required to sign on this account have signed this agreement.

Cancellation of Agreement: I (we) acknowledge that, in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to ECM STRATA MANAGEMENT LTD. This authorization may be cancelled at any time by me (us).

This pre-authorization payment agreement may be cancelled without notice and at the discretion of ECM STRATA MANAGEMENT LTD. if two transactions are returned due to insufficient funds or any other reason.

Acceptance of Delivery of Authorization: I (we) acknowledge the provision and delivery of this authorization to ECM STRATA MANAGEMENT LTD. constitutes delivery by me(us) to the aforementioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

Validation by Financial Institution: I (we) acknowledge that the aforementioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including the amount and frequency of payments.

I (we) acknowledge that the aforementioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by ECM STRATA MANAGEMENT LTD. as a condition to honoring a pre-authorized debit issued by ECM STRATA MANAGEMENT LTD. on my (our) behalf.

Contract for Goods/Services: Revocation of this authorization does not terminate any contract for goods or services that exists between me (us) and ECM STRATA MANAGEMENT LTD. My (our) authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

Change of Account Information: I (we) undertake to inform ECM STRATA MANAGEMENT LTD. in writing, of any change in the account information provided in this authorization at least five (5) business days prior to the next due date of the debit.

Rights of Dispute: Items charged will be reimbursed subject to notification by me (us) to the branch of account within 90 days under any of the following conditions:

1. I (we) never provide the authorization to ECM STRATA MANAGEMENT LTD,
2. The pre-authorized debit was not drawn in accordance to this authorization
3. My (our) authorization was revoked.
4. The debit was posted to the wrong account due to invalid/incorrect account information supplied by ECM STRATA MANAGEMENT LTD.

Administration Fees: An administration/processing charge of \$ 25.00 + GST may be levied for any automatic debit or cheques not honored by the bank on which it is drawn.

I (we) understand that a written declaration to this effect must be given to my (our) financial institution by me (us).