PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT

Please complete the Pre-Authorized Debit (PAD) agreement below and return to **S.D. Woodman Management Ltd**. by fax, mail or email. **Please note: Fields marked with an asterisk (*) must be completed.**

☐ New Enrolment   ☐ Change in Banking Information
PLEASE PRINT

Strata Plan*:_____

Name(s) of Registered Owner*:_____

Name(s) of Bank Account Holder*:_____
(if different from registered owner)

Unit No.*:_____   **Address*:**_____

City:_____ **Province:**_____ **Postal Code:**_____

Phone: _____ **Email:**_____

Commencement Date*: The first day of _____, 20_____.

Note: This form, together with an acceptable VOID pre-printed cheque, from a Canadian fund account, must be received by S.D. WOODMAN LTD. no later than the **15**ᵗʰ of the month **prior to** the Commencement Date in order to be effective on the Commencement Date.

IMPORTANT: The account from which S.D. WOODMAN MANAGEMENT LTD. is authorized to draw upon is indicated below.

A specimen pre-printed cheque from a Canadian Fund account has been marked "VOID" and attached.

The undersigned hereby authorizes S.D. WOODMAN MANAGEMENT LTD., on behalf of the Strata Corporation, to debit their account on the first day of each month for all applicable charges due by the undersigned to the Strata Corporation, unless otherwise specified as follows:

The undersigned acknowledges that the amounts for each fee will be those prescribed/approved by the Owners and due to the Strata Corporation. The amounts may be increased/decreased as approved by the Owner of the Strata Corporation.

The undersigned undertakes to inform S.D. WOODMAN MANAGEMENT LTD. of any change in the account or address information provided in this authorization within 15 days after the change occurs. If the account is transferred to another financial institution, this authorization becomes null and void on the date of the transfer and it will be necessary to provide a new authorization to S.D. WOODMAN MANAGEMENT LTD.

This authorization may be cancelled at any time upon 20 days written notice to S.D. WOODMAN MANAGEMENT LTD. Further information on cancellation rights, including sample cancellation forms, may be obtained from any financial institution or by visiting www.cdnpay.ca

The undersigned acknowledges that delivery of this authorization to S.D. WOODMAN MANAGEMENT LTD. constitutes delivery by the undersigned to their financial institution.

The undersigned has certain recourse rights if any debit does not comply with this agreement. To obtain more information on recourse rights, the undersigned may contact their financial institution or visit www.cdnpay.ca.

ACCEPTANCE

The undersigned hereby confirms their authorization in accordance with the provisions contained herein; warrants that all persons whose signatures are required to sign on this account have signed below; guarantees all information contained herein is correct to the best of their knowledge; and is/are solely responsible for any consequences due to providing fraudulent information contained herein.

Dated this _____day of _____, 20_____.*

_____   _____
Signature   Second Signature (if required)