Pre-Authorization Debit (PAD)

Direct Deposit Authorization

Instructions: Fill in all fields then print form and sign. Return Signed form, along with a void cheque to Candid Management via Email

Authority to Debit Account: I/We hereby authorize Candid Management Group Ltd. on behalf of my/our Strata Corporation and Canadian Financial Institutions, Credit Unions and/or Vancouver City Savings Credit Union (Vancity) to debit my/our account, on the first of each month, my recurring strata fees and any authorized charges (special levies, parking, storage lockers, bylaw infractions fines and any other fees) as approved by the strata corporation from time to time.

I/We hereby authorize Candid Management Group Ltd. to increase or decrease my monthly debit as required to reflect my/our monthly strata fees as established by the Strata Corporation from time to time, including any one-time retroactive strata fee adjustments as approved by the Strata Corporation from time to time.

Cancellation of Agreement: This authority shall continue until Candid Management Group Ltd. has received written notification from me/us of its change or termination at least ten (10) business days prior to the next scheduled debit date. I/We may also obtain a sample PAD cancellation form, or further information on my/our right to cancel a PAD Agreement, at my financial institution or by visiting www.payments.ca.

Assignment of PAD Agreement: Candid Management Group Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.
Recourse/Reimbursement Statement: 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 debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.payments.ca

Payor Account and Contact Information: I/We undertake to provide written notice to Candid Management Group Ltd. of any change in the account or address information provided in this authorization as soon as the change occurs. I understand that account information changes must be received by Candid Management Group Ltd. at least ten (10) business days prior to the next scheduled debit date in order to avoid the possibility that my debit is returned by my financial institution.

Delivery: I/We acknowledge that delivery of this authorization to Candid Management Group Ltd. constitutes delivery by me to the above financial institution. I/We acknowledge receipt of a copy of this authorization.

Initials_____ **Initials**_____

My Information

Direct Deposit Authorization

Strata Plan No. _____ Strata Lot: _____ Building Name _____

Unit No. _____ Building Address: _____

Name of Registered Owner(s): _____

Home Phone: _____ Phone (Cell): _____

Commencement Date of PAD Agreement: **ON THE FIRST OF EVERY MONTH**

Commencement Date: (YYYY-MM-DD) _____

Type of Use: (PLEASE CHECK ONE) ☐ Personal ☐ Business ☐ Other Please Specify

Payment Type: ☐ Strata Fee ☐ Parking (if applicable) ☐ Locker (if applicable)

Pay Balance Owing Prior to Commencing of PAD Agreement:

☐ **YES -** Strata Fee ☐ **YES -** Special Levy ☐ **YES -** OTHER (Please Specify)

BANK ACCOUNT INFORMATION

PLEASE AFFIX A VOID CHEQUE OR

YOU MAY ALSO ATTACH A BANK DOCUMENT/VERIFIED BY YOUR FINANCIAL INSTITUTION

I/WE WARRANT THAT ALL PERSONS WHOSE SIGNATURES ARE REQUIRED TO SIGN ON THE ACCOUNT HAVE SIGNED THIS PAD AGREEMENT BELOW

_____ _____

Signature of Account Holder | Signature of JOINT Account Holder

_____ _____

Name (Please Print) | Name (Please Print)

_____ _____

Date (YYYY-MM-DD) | Date (YYYY-MM-DD)