

Pre-Authorized Payment Agreement

ATTACH VOID CHEQUE HERE

Please note: Application for Pre-Authorized Payment must be received by the 20th of any month in order to be implemented by the 1st of the next month.

Strata Plan _____ **Maintenance Fees \$** _____

Begin preauthorized payments the 1st of _____ (month/year)

Name of Account Holder(s) _____

Unit# _____ **Address** _____

Phone (home) _____ **(work)** _____ **(cell)** _____

I/we authorize Fraser Campbell Property Management Ltd. (in trust for the Owners of the Strata Plan above) to debit my/our account on the first of the month for the maintenance fee amount stipulated above.

This amount may be revised in the future as determined by the Owners at a properly convened General Meeting. The Owners c/o Fraser Campbell Property Management Ltd. will advise me/us in writing of the revised amount in advance of its effective date via General Meeting minutes.

Signature of Account Holder _____ **Date** _____

Signature of Account Holder _____ **Date** _____

FOR OFFICE USE ONLY:

Cross Reference _____ Amount _____

New _____

Delete _____

Change Amount _____

Change Account _____

Credit Account 3000 _____ Start Date _____