



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PERSONAL INFORMATION

Effective Date: _____

Strata Name: _____ Strata Plan #: _____ Strata Lot #: _____

Address of Strata Lot: _____ Unit #: _____

Name of Owner: _____ Phone #: _____

Name of Owner: _____ Phone #: _____

Type of Service: Personal or Business Email: _____

I/We authorize Surge Property Management to withdraw any outstanding fees from the attached bank account information as a one-time payment.

Initial

BANK INFORMATION

ATTACH VOID CHEQUE HERE
A personalized VOID cheque is attached to this authorization. If your account does not provide cheques, please attached a Preauthorized Payment Form from your bank.

TERMS & CONDITIONS

1. I/We hereby authorize Surge Property Management Ltd. on behalf of our Strata Corporation to debit my/our account on the 1st day of each month all recurring monthly strata fees. I/We understand that the amount of strata fees may be increased or decreased based on the approved budget as adopted by the Strata Corporation. **I/We agree to waive the requirements for pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of the PAD before the debit is processed.**
2. I/We acknowledge that delivery of this authorization to Surge Property Management Ltd. constitutes delivery by me/us to the processing institution.
3. I/We undertake to inform Surge Property Management Ltd. in writing of any change in the account or address information provided in this authorization as soon as the change occurs.
4. This authorization may be cancelled at any time upon written notice to Surge Property Management Ltd. The notification must be delivered 15 days in advance of the next PAD withdrawal. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting my/our financial institution or visiting www.cdnpay.ca.
5. I/We understand that a NSF administration fee will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, or account freeze, etc.
6. I/We understand the personal information provided is for the purposes of identifying and communicating with me/us, processing payments, responding to emergencies, ensuring the orderly management of the Strata Corporation and complying with legal requirements. I/We hereby authorize the Strata Corporation to collect, use and disclose my/our personal information for these purposes.
7. I/We acknowledge that 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.cdnpay.ca.
8. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement below.

Date: _____ Signature: _____

Date: _____ Signature: _____

The signed form must be returned by the 20th to start on the 1st of the following month. Please email the signed form to sarah@surgemanagement.ca