



**PRE-AUTHORIZED BANK WITHDRAWAL FORM**

On behalf of our Strata Corporation, I/we authorize Harbourside Property Management Ltd. (*Harbourside*), to debit my/our account on the first of each month for the 'approved' monthly maintenance assessment due from our Strata Lot and payable to the Strata Corporation. This amount may be increased or decreased, as prescribed by the Strata Corporation.

*Harbourside* is authorized to draw upon the account indicated by specimen VOID cheque and/or banking information attached below:

**Attach copy of 'VOID' cheque here.**  
**If you do not have cheques, attach Bank Branch confirmation of your banking information**

I/we acknowledge that the above financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including amount and frequency of payments. I/we acknowledge that the above financial institution is not required to verify that any purpose of payment for which the debit was issued, has been fulfilled by *Harbourside* as a condition of honoring a pre-authorized debit issued, or caused to be issued, by *Harbourside* on my/our account.

I/we undertake to inform *Harbourside* immediately, in writing, of any change in the account or other information provided in this authorization, prior to the next due date of the pre-authorized debit. If the account is transferred to another financial institution, I/we agree to immediately forward a new specimen 'VOID' cheque and/or banking information to continue the pre-authorized debits.

This authorization may be cancelled at any time upon written notice by me/us to Harbourside. Revocation of this authorization applies only to the method of payment and does not terminate any contract for service that exists between me/us and Harbourside, agent for the Strata Corporation.

I/we acknowledge that delivery of this authorization to Harbourside constitutes delivery by me/us to our financial institution. I/we declare that all persons whose signatures are required to sign on the account have signed this agreement below.

I/we acknowledge that I/we have read and understood all the provisions contained in the terms and conditions of the Pre-Authorized Debit payment authorization and that I/we have received a copy.

Strata Plan # \_\_\_\_\_ Unit #: \_\_\_\_\_ Payment Start Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Print Surname, Given Name and Title – Mr. Mrs. Ms.)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Print Surname, Given Name and Title – Mr. Mrs. Ms.)

Signature \_\_\_\_\_ Date: \_\_\_\_\_