Instructions: Fill in all fields then print form and sign. Return signed form, along with a void cheque, to Dwell via mail or email.

Authority to Debit Account: I/We hereby authorize Dwell Property Management (Dwell) on behalf of my/our Strata Corporation and Vancity Savings Credit Union to debit my/our account, on the first of each month, my recurring strata fees and any authorized recurring charges (parking and lockers etc.) as approved by the strata corporation from time to time. I may also authorize Dwell to perform One-Time catch-up of arrear balance as per indicated by me/us in addition to those recurring debit charges.

I/We hereby authorize Dwell 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 Dwell 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 <u>www.payments.ca</u>. Further, Dwell reserves the right to cancel this PAD without notice, should payment be returned NSF for three (3) consecutive months.

Assignment of PAD Agreement: Dwell 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 <u>www.cdnpay.ca</u>.

Payor Account and Contact Information: I/We undertake to provide written notice to Dwell 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 Dwell 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 Dwell constitutes delivery by me to the above financial institution. I/We acknowledge receipt of a copy of this authorization.

My Information (Please print clearly)										
	Strata Plan:	Strata Lot:	Unit #:	Address:						
	Name of Strata Lot Owr	ner(s)								
	Phone: (main)	(other)		Email:						
Payment Information(Check all applicable fields)										
	Payment Type: St	rata Fee Par	king Locker	Other Re	ecurring Fees (please specify)					
	Effective Date of the PA	AD for Above Paym	ent on 1st of Eve	ery Month Con	nmencing (YYYY-MM-DD)					
	Pay Balance Owing Price	or to Commencing	of PAD: Yes -	Strata Fee	Yes - Other (please specify)					
	Type of Use (please ch	eck one): Perso	onal Bu	siness						

Bank Account Information

Please affix a VOID CHEQUE

or

You may also attach a bank account document completed/verified by your financial institution.

I/We understand that it is our responsibility to make sure funds are available for the charge(s) which we authorized to withdraw from the above commencement date of this agreement till the withdrawal(s) are complete.

I/We warrant that all persons whose signatures are required to sign on the account have signed this PAD Agreement below.

x	<u>x</u>
Signature of Account Holder	Signature of Joint Account Holder (if appropriate)
Name (Please Print)	Name (Please Print)
Date(YYY-MM-DD):	Date(YYY-MM-DD):

Please submit completed PAD Agreement by mail or email: pad@dwellproperty.ca

Dwell Property Management

Date(YYYY-MM-DD):

Pre-Authorized Debit (PAD) Agreement - Special Levy ONLY

Instructions: Complete only if you are paying special levies, Fill all fields and return signed form, along with a void cheque, to Dwell via mail or email.

Authority to Debit Account: I/We hereby authorize Dwell Property Management (Dwell) on behalf of my/our Strata Corporation and Vancity Savings Credit Union to debit my/our account for the special levy in accordance with the option(s) indicated below as permitted by the resolution(s) passed during the Annual or Special General Meeting(s). For sporadic debit(s) outside of the Set Intervals or One-Time per below options, a separate completed PAD agreement for each One-Time debit will be sent to Dwell Property Management.

<u>Cancellation of Agreement</u>: This authority shall continue until Dwell 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 <u>www.payments.ca</u>. Further, Dwell reserves the right to cancel this PAD without notice, should payment be returned NSF.

Assignment of PAD Agreement: Dwell 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.

<u>Recourse/Reimbursement Statement</u>: 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 <u>www.cdnpay.ca</u>.

Payor Account and Contact Information: I/We undertake to provide written notice to Dwell 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 Dwell 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 Dwell constitutes delivery by me to the above financial institution. /We acknowledge receipt of a copy of this authorization.

My Information (Please pr	int clearly, *are o	optional fields)									
Strata Plan:	Lot #:	Unit #:	Address:								
Name of Owner(s)			*Phone:	*Email:							
Special Levy and Paymen	t Information (f	or sporadic debit o	outside of the following options, a s	eparate agreemer	nt must be submitted)						
Purpose of Special Levy	/:										
Payment Option: (must	Payment Option: (must comply with original resolutions)										
Special Levy One-T	ime Withdrawal	Amount:	Commence Da	Commence Date:							
Special Levy	Withdrawa		Start Date: Ending Date: (up to and including)		(YYYY/MM/DD) (YYYY/MM/DD)						
Same Bank Account	t as Existing PAI	D Agreement									
New Bank Account	(complete below	:) Type of	Use (please check one):	Personal	Business						
You may a	lso attach a ban		ffix a VOID CHEQUE or ument completed/verified by	/ your financial	l institution.						
from the above noted date(s)/	period(s) in this ag arrant that all pe	greement till the	are available for the charge(s withdrawal(s) are complete. Th gnatures are required to sign or <u>x</u> Signature of Joint Acc	nere will be adm In the account ha	inistration charge for we signed this PAD						
 Name (Please Print)			 Name (Please Print)								

Please submit completed PAD Agreement by mail or email: pad@dwellproperty.ca

Date(YYYY-MM-DD):