baywest
management corp

PRE- AUTHORIZED PAYMENT SERVICE AGREEMENT

The undersigned hereby authorizes *BAYWEST MANAGEMENT CORPORATION* to draw monthly debits by paper or electronic entry covering payments due by the undersigned to:

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

Owner(s) Name: _____

Unit Address: # _____ - _____

Phone #: _____ - _____ - _____

Monthly strata fees $ _____ . _____

Monthly charges (e.g. parking, storage, etc) $ _____ . _____

Starting on first day of: (MM-YY) _____ - _____ To authorize withdrawals to clear arrears, please initial box _____

The undersigned hereby:

1. Warrants that all persons whose signatures are required to sign on this account have signed this agreement;
2. Acknowledges that, in order to cancel this agreement written notice of revocation shall be given to Baywest Management Corporation **7** business days prior to the next scheduled date of pre-authorized debit.
3. Acknowledges that any delivery of this authorization by you constitutes delivery by the undersigned to the processing institution;
4. Agrees to inform Baywest Management Corporation in writing of any change of account information provided in this authorization **7** business days prior to the next scheduled date of pre-authorized debit;
5. Authorizes Baywest Management Corporation to increase/decrease amounts drawn on the account from year to year as future budgets adopted by my Strata Corporation affect monthly strata fees.

I understand the personal information provided above is for the purposes of identifying and communicating with me, processing payments, ensuring the orderly management of the Strata Corporation and complying with legal requirements. I hereby authorize the Strata Corporation to collect, use and disclose my personal information for these purposes.

Signature _____ Date _____

Banking information **must** be provided via void cheque or on document verified by your financial institution.

PLEASE ATTACH A VOID CHEQUE HERE
(NO STAPLES)

Please return this form to Baywest Management Corporation **7** business days **before** the month for the withdrawal to be effective the 1st day of the following month. Late forms will be processed at a later date.

NO COVER PAGE REQUIRED FOR FAX

Fax: 604-592-6114 **Toll Free Fax**: 1-877-592-3647 **Mail:** 13520 78th Ave, Surrey, BC V3W 8J6