Associa
British Columbia, Inc.

SPECIAL LEVY – INSTALLMENTS: PRE- AUTHORIZED PAYMENT SERVICE AGREEMENT

The undersigned hereby authorizes ***Associa British Columbia, Inc.*** 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: # _____ - _____

Email Address _____ Monthly Special Levy $ _____ . __

Number of months ☐ Starting on first day of: (MM-YY) __ - __

Type of Service (mark one): Business ☐ Personal ☐ To authorize withdrawals to clear arrears, please initial box ☐

(check one that applies) *(Not required if you are sending a cheque for any balance owing)*

The undersigned hereby:

1. Acknowledges that this form must reach Associa British Columbia, Inc. 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 and the undersigned will ensure that sufficient funds are set aside and available in the month concerned for the withdrawal.
2. Warrants that all persons whose signatures are required to sign on this account have signed this agreement;
3. Acknowledges that, in order to cancel this agreement, written notice of revocation shall be given to Associa British Columbia, Inc. **7** business days prior to the next scheduled date of pre-authorized debit.;
4. Acknowledges that any delivery of this authorization by you constitutes delivery by the undersigned to the processing institution;
5. Agrees to inform Associa British Columbia, Inc. 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;
6. Authorizes Associa British Columbia, Inc. to increase/decrease amounts drawn on the account from time to time as future budgets and resolutions adopted by the Strata Corporation affect Special Levy fees ; AND
7. Agrees to waive the pre-notification requirements of Rule H1 S15(a) of the Canadian Payments Association.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any Pre-Authorized Debit that is not authorized or is not consistent with this Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

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

Please return this form to Associa British Columbia, Inc. **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

PLEASE COMPLETE AND RETURN TO ASSOCIA BRITISH COLUMBIA, INC.

Fax: 604-592-6114 **Toll Free Fax:** 1-877-592-3647 **Email:** abc.pac@associa.ca **Mail:** 13468 77th Ave, Surrey, BC V3W 6Y3