

# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

This service is for: Individual PAD \_\_\_\_ Business PAD \_\_\_\_ (Please check)

## PERSONAL INFORMATION

Effective Date: \_\_\_\_\_

Name of Owner(s)		Strata Plan	Strata Lot
Address of Strata Lot		City	Province
Mailing Address (If different from above)		City	Province
Phone Number (Res.)	(Bus.)	(Cell)	Email Address

Please check to authorize withdrawal of other monthly charges in addition to your strata fees:

Storage/locker    Parking    Specify Others \_\_\_\_\_

## BANK INFORMATION | Please choose one of the following:

- Void cheque attached – name(s) on cheque must match name(s) of the legal owner(s) on title. If someone other than the legal owner(s) is making the payment, please complete below information.**

Name	Relation to Applicant
Address	Phone Number

## ATTACH VOID CHEQUE HERE

- Or, If your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment.**

Financial Institution Number: [ ][ ][ ]	Branch Transit Number: [ ][ ][ ][ ][ ]	Deposit Account Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Chequing Account ____ Savings Account ____ (Please check)		

Name of Financial Institution	Branch Address
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## AUTHORIZATION

**PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 20TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. Please enclose a cheque for any balance owing prior to the PAD effective date OR initial below to authorize a one time catch-up payment.**

I/We hereby authorize FirstService Residential (FSR) to withdraw any outstanding strata fees from the attached bank account information starting from commencement of FSR management and/or my/our strata fees commencement date.

Initials

By signing this authorization, I/We acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-authorized Debit Agreement, a copy of which has been provided to and retained by me/us.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of payer(s)

When the form is complete, mail or email to:

**FirstService Residential**  
Attention: Accounts Receivable  
200 Granville Street, Suite 700, Vancouver, B.C., V6C 1S4  
Email: ar.bc@fsresidential.com