STRATA PLAN VIS _____
PAD AGREEMENT

Definitions

In this Agreement:
"I", "We", "Our", "My", "Me", "Payor" refers to the person signing this Agreement;

Pre-Authorized Debit ("PAD"): means a pre-authorized debit payment time in electronic form drawn pursuant to this agreement on my account at my Financial Institution ("FI").

Operation

I understand and undertake that:

(a) this authorization is for the benefit of Concise Strata Management Services Inc. ("the Company") and my financial institution ("FI") where I have my account. My FI agree to process debits against my account in accordance with the rules of the Canadian Payment Association ("CPA");

(b) giving this authorization to the Company is the same as giving it to my FI;

(c) my FI is not required to verify that the PAD conforms with my authorization;

(d) my FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;

(e) revoking this authorization does not terminate any contract between me and the Company. My authorization applies only to the method of payment and has no bearing otherwise on the contract;

Pre-Notification

The Company and I agree to hereby waive all notification requirements from the Company for variable amount PADs.

Cancellation

I/We may revoke my/our authorization at any time, subject to providing notice of at least 10 days prior to next debit due date. I/We must advise the Company in writing or by signing the cancellation area below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I/We may contact my FI or visit www.cdnpay.ca.

I authorize the processing of a PAD through my account as detailed below:

The Account#

I confirm that:

(a) all persons required to sign on my account with my FI have signed this agreement;

(b) I certify that all of the personal and account information recorded in this Agreement is correct. I will inform the Company in writing of any change to such information at least 10 business days prior to the next due date of the PAD.

Dispute and Reimbursement

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 FI or visit www.cdnpay.ca

I understand that:

(a) I may dispute a PAD and may claim for reimbursement if:
   i. the PAD was not drawn in accordance with this Agreement; or
   ii. the Agreement was revoked; or
   iii. no Agreement exists between me and the purported payee.

(b) if I am claiming reimbursement, I must, within 90 calendar days of the date of posting of a personal PAD or Funds Transfer PAD or 10 business days in the case of a Business PAD, complete a declaration to my FI that I have a claim for one of the reasons given in the preceding paragraph;

(c) in the case where the declared condition is "no Agreement exists between me and the purported Payee", I may claim reimbursement within 90 calendar days after the posting date on my account statement which shows the improperly processed debit;

(d) any claim relating to a PAD which is advanced after the expiry of the time in the preceding paragraph or any Funds Transfer PADs is strictly a matter between me and the Company.

Payor Name(s):

I (we) authorize Concise Strata Management Service Inc., in trust for Strata Plan VIS _____ to debit my (our) account on the 1st day of each month beginning _____.

Name of FI:

Address of FI:_____ Phone:_____

MICR Field Information (attach a void cheque if possible):

Branch#					Bank#			Account#										

Frequency One-Time ☐ Monthly ☐ Semi-Monthly ☐ Weekly ☐ Bi-Weekly ☐ Other (Specify) ☐_____

Amount: ☐ Fixed $ ☐ Variable $ This is a: ☐ Personal ☐ Business

I understand and agree to the terms and conditions of this Agreement.

Date_____ Signature_____

Authorization to cancel PAD

Signature_____

Date_____

Strata Plan#_____ **SL#**_____

Address:_____

_____

Tel: _____

Email:_____