

Pre-Authorized Debit (PAD) Agreement

Terms and Conditions:

1. I/We acknowledge that I/we are participating in a PAD plan established by Blueprint Strata Management Inc. (hereafter Blueprint) and I/we participate in this PAD plan upon all terms and conditions set out herein. Blueprint reserves the right to reject my/our application, discontinue the service, or terminate this agreement at any time by notification to me/us in writing at its sole discretion.
2. I/We warrant that all persons whose signatures are required to sign on this account have signed this agreement.
3. That in order to cancel or change this agreement, I/we will supply written notification to Blueprint 10 (Ten) Business Days prior to the next scheduled preauthorized debit. Should any of the information contained in this agreement change, I/we will immediately inform Blueprint in writing. A sample cancellation form or information may be obtained from our financial institution or www.cdnpay.ca.
4. I/We acknowledge that this PAD authorization is for the mutual convenience of all parties, and does not over-ride any bylaws or resolutions of my/our Strata Corporation. The amount of any payments debited from my/our account is determined by the budgets, schedules, and resolutions passed, and will be applied to those items.
5. I/We hereby authorize Blueprint on behalf of our Strata Corporation and its processing institution to debit my/our bank account on the 1st day of each month (except as noted) for all the items listed below:
 - a. All recurring monthly strata fees, such fees to be determined by the Strata Corporation at a duly convened meeting as per the approved budget and associated schedule(s); and/or
 - b. Any one-time retroactive strata fees/charges adjustments; and/or
 - c. All recurring monthly fees for parking, locker rental, etc; and/or
 - d. Any monthly **Special Levies** as passed by the Strata Corporation in the past and the future, in which the Resolution which gave rise to the Special Levy specifically provides for payment by PAD; and/or
6. I/We understand that should any payment be returned **NSF**, Blueprint may re-present the payment for processing within 10 days. I/We understand that payment for individual items may be submitted via individual PADs or combined into one payment at the administrative convenience of Blueprint and will be considered a single PAD for the purposes of this agreement.
7. I/We understand that an **NSF administration fee** as specified in the management agreement with our strata corporation will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, or account freeze, etc. **It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PAD(s).**
8. **I/We agree to waive the pre-notification requirements of Rule H1 S15(a) of the Canadian Payments Association.**
9. I/We acknowledge that delivery of this agreement to Blueprint constitutes delivery by me/us to the processing institution.
10. 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 www.cdnpay.ca.
11. I/We understand that the personal information provided in this PAD agreement is for the purposes of identifying and communicating with me/us, processing payments, responding to emergencies, ensuring the orderly management of the Strata Corporation and complying with legal requirements. I/We hereby authorize the Strata Corporation to collect, use and disclose my/our personal information for these purposes.
12. This agreement applies to both the Strata Corporation and any Sections or Types of which this strata lot is part of, and the term "Strata Corporation" is interchangeable with "Strata Section".

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OWNER INFORMATION

Owner(s) Name(s): _____ / _____

Building Name: _____

Unit Address: _____ - _____

Mailing Address (if different) _____

Phone (____) - _____ - _____ Email: _____

PAYMENT DETAILS

Service Type: Personal (Consumer) X Business

Start Date: 1st Day of (month / year): _____ / _____
(or upon receipt of this form if not specified)

**Please attach a VOID Cheque or
a letter from your bank showing your bank account information**

AUTHORIZATION:

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

Signature

Date

Signature

Date

When the form is complete, mail, fax or email (pdf) with a void cheque or document verified by your financial institution to:

**Blueprint Strata Management Inc.
PO Box 39584 WRPO
Surrey, BC V4A 0A9**

**Email: info@blueprintstrata.com
Tel: 604-200-1030
Fax: 604-200-1031**