SOUTHVIEW
PROPERTY MANAGEMENT INC.
110 – 7580 River Road
Richmond BC V6X 1X6
Tel 604.270.8811
Fax 604.270.0881
Southview@telus.net
www.southviewproperties.ca

PRE-AUTHORIZED DEBIT PLAN

1. I/We hereby authorize Southview Property Management Inc. (Southview) on behalf of our Strata Corporation to debit my/our account on the first of each month, an amount equal to the Assessment due by the undersigned's Strata Lot to the Strata Corporation. *This amount may be increased or decreased as required to reflect my/our monthly Assessment as established by the Strata Corporation from time to time, and will include any/all Onetime Charges, and authorize Retroactive Charges.*

2. The account that SOUTHVIEW is authorized to draw upon is indicated below and a specimen cheque marked "VOID" has been attached to this authorization form.

3. I/We acknowledge that the above financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including amount and frequency of payments. I/We acknowledge that the above financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by SOUTHVIEW as a condition to honouring a pre-authorized debit issued or caused to be issued by SOUTHVIEW on my/our account.

4. I/We undertake to inform SOUTHVIEW immediately in writing of any change in the account or other information provided in this authorization TEN BUSINESS DAYS prior to the next due date of the pre-authorized debit. If the account is transferred to another financial institution, this authorization becomes null and void on the date of the transfer and it will be necessary to provide a new authorization to SOUTHVIEW.

5. I/We acknowledge that in order to completely revoke this authorization, I/We must provide and deliver written notice of revocation to SOUTHVIEW. This authorization may be cancelled at any time upon 30 days written notice by me/us to SOUTHVIEW. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and SOUTHVIEW. The payer's authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

6. I/We acknowledge that delivery of this authorization to SOUTHVIEW constitutes delivery by me/us to the above financial institution. Any delivery of this authorization to you constitutes deliver by me/us.

7. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement below.

8. I/We understand and accept participation in this Pre-Authorized Debit Plan and acknowledge receipt of a copy of this authorization.

Surname & First Name	*Date*	*Strata Plan #*
Occupant(s) Address	*Phone #*	*Strata lot #*

$			
PAD Amount	*Start Date*	*Arrears Amount - Date*	*Special Assessment – Date*

Signature	*Signature*

**If you have already completed a pre-authorized debit form,
there is no need to submit another one**