

Pre-authorized Payment Authorization

Freedom of Information & Protection of Privacy Act

Personal information requested is collected and used for the purpose of administering your Strata fee account. Completion of this form provides your consent. Questions about how the Act applies to this personal information can be directed to Administration at Teamwork Property Management Ltd. #105 - 34143 Marshall Road, Abbotsford, BC V2S 1L8 or by phone 604-854-1734 or Toll -free at 1-866-880- 8326 or e-mail us at admin@teamworkpm.com

Building Name: _____

Strata Plan #: _____ Phase &/or Unit #: _____

Is this your **First** _____ Application or **Change** _____ of Banking Information

Can we take any **Arrears owing** from your first auto-debit draw? **Yes** _____ or **No** _____

Monthly Strata Amount to be drawn: \$ _____ Starting date: _____

Include Parking: \$ _____ Storage: \$ _____ Other: \$ _____

Teamwork Property Management Ltd - In Trust **#105 - 34143 Marshall Road, Abbotsford, BC V2S 1L8**

Phone: 604-854-1734 Toll-free 1-866-880-TEAM (8326) Fax: 604-854-1754

The undersigned hereby authorize TEAMWORK PROPERTY MANAGEMENT LTD to draw monthly debits (due on the first of each month) by electronic entry for maintenance fees, parking, storage, and other charges as authorized.

Full names of Applicant(s)

Home Telephone Number

Work Telephone

Cell phone

e-mails:

Your Mailing Address

The applicant(s):

1. Warrants that all persons whose signatures are required to sign on this account have signed this agreement below:
2. Acknowledge that, in order to cancel this agreement, written notice of revocation will be given to Teamwork Property Management Ltd.
3. Acknowledge that delivery of this authorization to you constitutes delivery by the applicant to the financial institution at which I maintain an account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization;
4. Agree to inform Teamwork Property Management Ltd in writing of any change in the account information provided in this authorization at least two weeks prior to the next due date of the pre-authorized debit.
5. Authorize Teamwork Property Management Ltd to increase/decrease amounts drawn on my account from year-to-year as future budgets adopted by my Strata Corporation affect monthly assessment fees. (Teamwork Property Management Ltd will to the best of their ability advise the applicant in writing of the revision in advance of its effective date).

Signature of Applicant as it appears on your cheque

Date

PLEASE ATTACH A CHEQUE MARKED "VOID"

Signature of Joint Applicant as it appears on your cheque

In order for this application to be acted upon, it must be received by our office no later than the 20th of the month prior to the month you wish payment to commence. If this application will not be received in time, please enclose a completed cheque with this form for your next month's maintenance fees.