



**THE WYNFORD GROUP**  
 #815 – 1200 W.73<sup>rd</sup> Avenue  
 Vancouver, B.C. V6P 6G5

**PHONE: (604) 261-0285**  
**FAX: (604) 261-9279**

**PRE-AUTHORIZED PAYMENT (PAP) FORM**

NAME: _____	
STRATA PLAN: _____	STRATA LOT: _____
UNIT NO.: _____	STREET: _____
PURPOSE: <input type="checkbox"/> NEW ENROLLMENT	<input type="checkbox"/> CHANGE FROM POST DATED CHEQUES
<input type="checkbox"/> CHANGE IN BANKING INFORMATION	<input type="checkbox"/> CANCELLATION

**AUTHORIZATION**

1. I / We hereby authorize The Wynford Group on behalf of our Strata Corporation to draw cheques or prepare debits by paper or electronic entry covering the following: *Please "✓" the applicable items*

Monthly Strata Fees     Storage / Locker     Parking     Other \_\_\_\_\_

I / We acknowledge that the amounts for each item indication will be those prescribed / approved by the Owners and due to the Strata Corporation. The amounts may be increased / decreased as approved by the Owners of the Strata Corporation.

2. Commencement Date: \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y)

**NOTE:** This form **MUST** be returned to The Wynford Group's office by the 15th day of any given month in order to be effective the first day of the following month.

3. I / We undertake to inform The Wynford Group, in writing, of any change in the account or address information provided in this authorization, fifteen (15) days before the beginning of the month. If the account is transferred to another financial institution, it will be necessary to provide The Wynford Group with a voided cheque.

4. This authorization may be cancelled at any time upon receipt of a minimum of 15 days written notice to The Wynford Group prior to the first day of the following month.

5. I / We acknowledge that delivery of this authorization to The Wynford Group constitutes delivery by me to the financial institution indicated on the face of my voided cheque.

**ACCEPTANCE**

1. I / We hereby confirm our authorization in accordance with the provisions contained herein.
2. I / We warrant that all persons whose signatures are required to sign on this account have signed below.

Date: \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ Signature \_\_\_\_\_ 2nd Signature if required \_\_\_\_\_

<b>NOTE:</b> If you are <b>NOT</b> the registered Owner but are taking responsibility for making payments – please complete the following:	
NAME: _____	PHONE: ( _____ ) _____
ADDRESS: _____	

**REQUIRED TO BE ATTACHED**

- Blank cheque marked "VOID" to indicate the account to be drawn upon.
- Sufficient cheques (indicate number \_\_\_\_\_) to cover strata fees until the "PAP" effective date previously noted.

**FOR WYNFORD USE ONLY**

Strata Plan: \_\_\_\_\_ Property No.: \_\_\_\_\_ Owner Code: \_\_\_\_\_  
 Strata Fees: \_\_\_\_\_ Parking: \_\_\_\_\_ SPA: \_\_\_\_\_ Other: \_\_\_\_\_ Total PAP: \_\_\_\_\_  
 Bank A/C: \_\_\_\_\_ Sequence: \_\_\_\_\_ Date Entered: \_\_\_\_\_