



THE WYNFORD GROUP – Woodcroft Office
 112 – 2012 Fullerton Avenue
 North Vancouver, BC V7P 3E3

TEL: 604-922-8131
 FAX: 604-922-1621

PRE-AUTHORIZED PAYMENT (PAP) FORM

NAME: _____

STRATA PLAN: _____ STRATA LOT: _____

UNIT NO.: _____ STREET NO: _____, Fullerton Avenue, North Vancouver, B.C.

PURPOSE: NEW ENROLLMENT CHANGE FROM POST DATED CHEQUES
 CHANGE IN BANKING INFORMATION 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

- I / We hereby confirm our authorization in accordance with the provisions contained herein.
- 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

NOTE: If you are **NOT** 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: _____