

## Pre-Authorized Payment (PAP) Form – Woodcroft Office

Owner Name(s): _____	Home #: _____
Strata Plan: _____ Strata Lot: _____	Work #: _____
Civic Address: _____	Cellular #: _____
Purpose: <input type="checkbox"/> New Enrolment <input type="checkbox"/> Cancellation (15 days notice required)	
<input type="checkbox"/> Change in Banking Information	
Account Type: <input type="checkbox"/> Personal / Individual <input type="checkbox"/> Business Account (e.g. Holding Company)	

### 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 on the 1<sup>st</sup> of each month covering the following: **Please "✓" the applicable items.**

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

I / We acknowledge that the amounts for each item indicated 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. **Effective Date:** \_\_\_\_\_ <sup>1<sup>st</sup></sup> \_\_\_\_\_ (See "Note" Below)  
 (Month) (Day) (Year)

**Note:** The effective date must be the 1<sup>st</sup> day of the month. The PAP Form must be received by The Wynford Group **15 days prior** to the effective date; otherwise, commencement will begin on the 1<sup>st</sup> 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, **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.

6. 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 pre-authorized agreement. (More information on recourse rights is available from any financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca)).

### Acceptance

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

2. I / We acknowledge that a \$20.00 charge will be applied to my / our account for any NSF or returned payment.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ 2<sup>nd</sup> Signature if required \_\_\_\_\_  
 (Month) (Day) (Year)

**Important:** If you are **NOT** the registered Owner but are taking responsibility for making payments – please complete below:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Please Print* *Please Sign*

Full Mailing Address: \_\_\_\_\_

### Required To Be Attached

Blank cheque marked "VOID" to indicate the account to be drawn upon or account form from bank.

Sufficient cheques to cover Strata Fees and / or other charges due prior to the effective date (see above).

### For Wynford Use Only

Strata Plan: \_\_\_\_\_ Unit: \_\_\_\_\_ Owner Code: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_