

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 1st 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:** _____ ^{1st} _____ (See "Note" Below)
 (Month) (Day) (Year)

Note: The effective date must be the 1st 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 1st 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).

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 \$35.00 charge will be applied to my / our account for any NSF or returned payment.

Date: _____
 (Month) (Day) (Year) Signature _____ 2nd Signature if required _____

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: _____