

C&C PROPERTY GROUP LTD. www.cccm.bc.ca

Strata Plan#

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR PERSONAL/HOUSEHOLD PURPOSES

1.	I/We hereby authorize C&C Property Group Ltd. (the payee) and the financial institution designated to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purposes:			
MONTHLY STRATA MAINTENANCE FEES				
F	MONTHLY PARKING/S	TORAGE/LOCKER FEES, IF ANY		
	TO AUTHORIZE ONE T	IME WITHDRAWAL TO CLEAR	R ARREARS	
2.	I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.			
3.	I/We may cancel the Authorization at any time upon providing written notice to the Payee. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. A sample cancelation form or further information on the right to cancel a PAD agreement is available by contacting your financial institution or visiting www.cdnpay.ca .			
4.	The Payee may issue a PAD once per calendar month in an amount up to a maximum of the monthly maintenance assessment for the Payor's strata lot approved for the fiscal year of the strata corporation in effect at the time the PAD was issued. The Payee will provide ten (10) days notice (such as, but not limited to, a telephone instruction) requesting to issue a PAD in full or partial payment of a billing received by me/us for any other payment obligation.			
5.	 I/We may dispute a PAD for any debit on my account under the following options: the PAD was not drawn in accordance with the Authorization; the Authorization was revoked; or pre-notification, as required under Section 4 was not received. 			
6.				
7.	I/We agree that the information contained in the Authorization may be disclosed to the Toronto-Dominion Bank as required to complete any PAD transaction.			
			lBusiness	
	Use authorization for all owned units. (Yes/No) Ms/Mrs/Mr	Surname/Company Name	First Name	
	Unit Number	Address		
	City	Postal Code	Telephone	
☐ I/We have attached a preprinted specimen cheque with my/our name marked "VOID" to this payor authorization (the "Authorization")				
				I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.
	I/We understand and accept the terms of participating in this PAD plan. I/we agree to change the standard			
Period for advanced delivery of written confirmation of this PAD to three (3) days.				
	Print Name	Signature	Date Signed	
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