

**DIRECT WITHDRAWAL
PRE-AUTHORIZED DEBIT PAYMENT PLAN**



Effective Date*: _____
(MM/DD/YYYY)

New: Change:

***This form must be received by ROYAL LEPAGE COAST CAPITAL REALTY - ATRIUM PROPERTIES
5 business days prior to the effective date.**

Name of Owner	Email Address
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Unit #	Street Address	Phone	Strata Plan
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Mailing Address (If different from above)

A SPECIMEN CHEQUE MARKED VOID
OR BANK AUTOMATIC WITHDRAWAL FORM REQUIRED

I/We hereby authorize ATRIUM PROPERTIES to debit my/our account indicated above for the amount of \$_____ on the first day of each month commencing _____ 1st, 20_____.

Move in Fee (if applicable): I/We hereby authorize ATRIUM PROPERTIES to debit my/our account indicated above for the move in fee in the amount of \$_____ as a one time charge with the first strata payment.

I/We waive any and all requirements for pre-notification of debiting including, without limitation, any increase or decrease in the debit amount and/or catch-up fee due as a result of an approved annual budget.

This authorization may be cancelled at any time upon written notice by me/us. Any delivery of this authorization to Atrium Properties constitutes delivery by me/us.

Date Signature 1 Signature 2

TERMS AND CONDITIONS

- The applicant(s) authorize ATRIUM PROPERTIES to debit the applicant's financial institution and credit the designated amount for the Strata Corporation.
- Authorization to revoke or amend this agreement must be received by ATRIUM PROPERTIES in writing 5 full business days prior to the next payment date.
- The applicant acknowledges the Financial Institution is not required to verify:
 - The debit has been in accordance with the particulars of the authorization including the amount and frequency of payments.
 - Any purpose of payment for which the debit is issued has been fulfilled by ATRIUM PROPERTIES as a condition to honouring a debit issued or caused by ATRIUM PROPERTIES on the account.
- Revocation of this agreement does not in any way terminate any other obligations between the applicant(s) and ATRIUM PROPERTIES.
- The applicant(s) may apply in writing to the Financial Institution for reimbursement of the debit if the debit was disputed under the following conditions:
 - An authorization was never provided to ATRIUM PROPERTIES.
 - The debit was not drawn in accordance with #2 above.
 - The authorization was revoked in accordance with #2 above.

The Financial Institution will upon receipt of the applicants signed declaration: up to 90 days after the date of the debit in dispute was posted to the applicant(s) account, immediately reimburse the applicant(s): after 90 days, request that ATRIUM PROPERTIES provide a copy of the authorization. The financial institution verifies authorization of the debit and determines that the above points took place before reimbursing the applicant.

- In the event that the financial institution of the applicant is unable to honour a transaction, or the applicant does not give 5 full business notice prior to the due date of any changes or cancellations the applicant agrees and hereby authorizes ATRIUM PROPERTIES to charge the applicant's account a service fee of \$25.00 and to collect each service fee at the date ATRIUM PROPERTIES is made aware that the transaction has been dishonoured by the applicant(s) account.
- I/We, the applicant(s) have read and understand and agree to the terms and conditions on this form.
- I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement.
- I/We the applicant(s) hereby agree that the amount may increase or decrease based on our STRATA FEE and/or SPECIAL ASSESSMENT being levied.