

**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	
Unit #	Street Address	Phone	Strata Plan
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

1. The applicant(s) authorize ATRIUM PROPERTIES to debit the applicant's financial institution and credit the designated amount for the Strata Corporation.
2. 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.
3. The applicant acknowledges the Financial Institution is not required to verify:
 - a. The debit has been in accordance with the particulars of the authorization including the amount and frequency of payments.
 - b. 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.
4. Revocation of this agreement does not in any way terminate any other obligations between the applicant(s) and ATRIUM PROPERTIES.
5. 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:
 - a. An authorization was never provided to ATRIUM PROPERTIES.
 - b. The debit was not drawn in accordance with #2 above.
 - c. The authorization was revoked in accordance with #2 above.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.

6. 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.
7. I/We, the applicant(s) have read and understand and agree to the terms and conditions on this form.
8. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement.
9. 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.