

**ATTACH SPECIMEN
CHEQUE HERE**

Strata Plan: _____
Strata Lot : _____
Reference#: _____ - _____ - _____ - _____

PRE-AUTHORIZED CHEQUING PLAN

1. I/We hereby authorize _____ on behalf of our Strata Corporation to debit my/our account monthly, covering monthly strata fees due by the undersigned to the Strata Corporation. This amount may be increased/decreased as required by the change in monthly strata fees as approved by the Strata Corporation.
2. The account that _____ is authorized to draw upon is indicated below. A specimen cheque has been marked "VOID" and attached to this authorization. If your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized chequing.

Surname, First Name

Address of Strata Lot

Name of Financial Institution

Branch

Account Number

3. I/We undertake to inform _____ of any change in the account or address information provided in this authorization within fifteen (15) days after the change occurs. If the account is transferred to another financial institution, this authorization becomes null and void on the date of the transfer and it will be necessary to provide a new authorization to _____.
4. This authorization may be cancelled at any time upon written notice to _____.
5. I/We acknowledge that delivery of this authorization to _____ constitutes delivery by me/us to the above financial institution.
6. I/We warrant that all persons whose signatures are required to sign on this account have signed this agreement below.

Date

Signature

Signature