



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Terms and Conditions

- I recognize my participation in the PAD agreement set up by Tribe Management Inc. and agree to all the terms and conditions outlined in this agreement and acknowledge Tribe Management Inc. holds authority to decline my application or terminate the service at their discretion.
- I understand that this PAD authorization is given for the advantage of Tribe Management Inc. and the processing/financial institution managing the account: this authorization is given in exchange to process these PADs against my bank account following the rules of Payments Canada.
- I hereby authorize Tribe Management Inc. on behalf of my Strata/Condo Corporation and its processing institution to debit my bank account on the first day of each month for:
 - All recurring monthly Strata/Condo fees; and/or
 - Any one-time retroactive or catch-up Strata/Condo fees adjustments
- I understand that any one-time payment (e.g. special assessment/special levy, fine or charge) will not automatically be debited from my account and must be authorized in writing by me.
- I understand that the amount of my strata/condo fees may increase or decrease based on the approved budget as adopted by my Strata/Condo Corporation from time to time.
- I understand that this authority is to remain in effect until Tribe Management Inc. has received written notification from me of any change or termination; and I acknowledge notification must be delivered in writing to Tribe Management Inc. at least ten (10) business days in advance of the next PAD withdrawal; and I may obtain a cancellation form or more information on my right to cancel my PAD Agreement by contacting Tribe Management Inc. or by visiting www.payments.ca.
- I acknowledge that if my 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 new banking information to Tribe Management Inc., and further understand to inform Tribe Management Inc. immediately in writing of any change in the account (e.g. account closure, change of account number, etc.) or other information (e.g. mailing address, phone number, etc.) provided in this authorization.
- I understand that a NSF administration fee will apply to my account should my PAD be returned due to insufficient funds, account closure, account freeze, etc.; I further acknowledge that it is my responsibility to ensure the balance in my bank account is sufficient to cover PADs.
- I have certain recourse rights if any debit does not comply with this agreement and have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement; I may obtain more information on my recourse rights by contacting my financial institution, Tribe Management Inc., or visiting www.payments.ca.
- I understand the personal information provided in this PAD Agreement is for purposes of identifying and communicating with me, processing payments, responding to emergencies, ensuring the orderly management of the Strata/Condo Corporation, and complying with legal requirements; and I hereby authorize the Strata/Condo Corporation to collect, use and disclose my personal information for these purposes.

Submit Completed Forms

Electronically: visit Tribe Home (<https://app.tribehome.com>) and submit via Help Desk – I want to sign up for Pre-Authorized Payments

Mail: Tribe Management Inc. Attention: Accounts Receivable 400-11950 80th Ave, Delta, BC V4C 1Y2

Important: Forms received on or before the 15th of the current month will result in payment processing taking effect for the upcoming month. Forms received after the 15th of the current month will result in payment processing being effective for the month after next.

Payer Initials



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PLEASE PRINT LEGIBLY (Fields marked with asterisk (*) must be completed)

STRATA/CONDO CORP.*: _____ COMMENCEMENT DATE*:

Owner Name*: _____ Unit No: _____
Address*: _____ City: _____ Province: _____ Postal Code: _____
Mailing Address (if different): _____ City: _____ Province: _____ Postal Code: _____
Phone No*: _____ Mobile No: _____ Email Address*: _____
Type of Service (choose one)*: Individual/Personal PAD Business PAD
Please check authorized withdrawal of other monthly charges in addition to your strata/condo fees:
 Locker/Storage Unit Parking Stall Others (specify): _____

OPTION 1: ATTCHED VOID CHEQUE/DIRECT DEPOSIT FORM (account must be in Canadian Funds)

The name on the cheque/deposit form should match the name of the registered/legal owner on title. If someone other than the registered/legal owner is making the payments, please provide the following information:

Name of Account Holder* Relation to Registered/Legal Owner*

Address of Account Holder* Contact Number*

OPTION 2: PROVIDE BANK ACCOUNT DETAILS - Bank Stamp Required (account must be in Canadian Funds)

If you cannot provide a blank cheque or direct deposit form, fill out the information below and have your bank stamp the provided box.

Financial Institution No. Branch Transit No.
[][][] [][][][][]
Deposit Account No.
[][][][][][][][][][][][][][][][][][][][]
Account Type (choose one): Chequing Savings
Financial Institution: _____
Branch Address: _____



This form, together with an attached VOID cheque/direct deposit form or completed bank account details, must be received by Tribe Management Inc. no later than the 15th day of the month prior to the commencement date to be effective on the commencement date.

I hereby authorize Tribe Management Inc. to withdraw the outstanding balance for the missed month(s) of unpaid strata/condo fee payments. **Please initial box on right.**

AUTHORIZATION / ACCEPTANCE

I acknowledge that I: have read, understood, and accept all the provisions of the Terms and Conditions of this Pre-Authorized Debit Agreement; guarantee all information contained herein is correct to the best of my knowledge; am solely responsible for any consequences due to providing fraudulent information contained herein.

Date: _____ Signature of Payer: _____