

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT – STRATA Terms and Conditions

- I/We acknowledge that I/we are participating in a PAD plan established by Tribe Management Inc. and I/we participate in this PAD plan upon all terms and conditions set out herein. Tribe Management Inc. reserves the right to reject my/our application or discontinue the service.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.
- I/We acknowledge that this PAD authorization is provided for the benefit of Tribe Management Inc. and the processing/financial institution administering the account, and is provided in consideration of the said institution agreeing to process these PADs against my/our bank account in accordance with the rules of Payments Canada.
- I/We hereby authorize Tribe Management Inc. on behalf of our Strata Corporation and its processing institution to debit my/our bank account on the 1st day of each month:
 - All recurring monthly strata fees and/or
 - Any one-time retroactive or catch-up strata fees adjustments; and/or
 - Any one-time sporadic debit of any kind (e.g. a “catch-up” payment on previous outstanding strata fees for first time PAD enrolment, NSF administration fee, etc.) as authorized in writing by me/us.
- I/we understand that the amount of strata fees may be increased or decreased based on the approved budget as adopted by my/our strata corporation from time to time.
- I/We acknowledge that delivery of this authorization to Tribe Management Inc. constitutes delivery by me/us to the processing/financial institution.
- I/We understand that this authority is to remain in effect until Tribe Management Inc. has received written notification from me/us of its change or termination. The notification must be delivered to the office of Tribe Management Inc. at least ten (10) business days in advance of the next PAD withdrawal. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting the office of Tribe Management Inc. or by visiting www.payments.ca.
- I/We acknowledge that if my/our 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 Tribe Management Inc.
- I/We also undertake 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/We understand that an NSF administration fee will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, account freeze, etc. I/We further acknowledge that it is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PADs.
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I/We may obtain more information on my/our recourse rights by contacting my/our financial institution, Tribe Management Inc. or visit www.payments.ca.
- I/We understand the personal information provided in this PAD Agreement is for purposes of identifying and communicating with me/us, processing payments, responding to emergencies, ensuring the orderly management of the strata corporation and complying with legal requirements. I/We hereby authorize the strata corporation to collect, use and disclose my/our personal information for these purposes.

When this form is complete, mail or email to:
TRIBE MANAGEMENT INC.
Attention: Transitions Department

Payer(s) Initials

<input type="text"/>	<input type="text"/>
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PLEASE PRINT LEGIBLY. Fields marked with asterisk (*) must be completed.

STRATA PLAN*:

COMMENCEMENT DATE*:

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

BANK / FINANCIAL INSTITUTION INFORMATION

VOID CHECK ATTACHED (account must be in Canadian Funds Only)

The name(s) on the cheque must match the name(s) the registered/legal owner(s) on title. If someone other than the registered/legal owner(s) is making the payment, please provide the following information:

Name of the Account Holder* _____

Relation to Registered/Legal Owner(s)* _____

Address of the Account Holder* _____

Contact Number* _____

ATTACH VOID CHEQUE HERE

Or, if your account does not provide cheques, please have your bank fill out the information below to ensure that the account is coded correctly and allows Pre-Authorized Payment. Account must be in Canadian Funds Only. Bank to stamp in the box:

Financial Institution No: _____

Branch Transit No: _____

Deposit Account No: _____

Account Type (please choose one):

Chequing

Savings

Name of Financial Institution: _____

Branch Address: _____

- Attach a picture of void cheque
- Attach a void cheque from online banking

This form, together with either an acceptable VOID cheque or Bank Confirmation hereto, both from a Canadian fund account, must be received by TRIBE MANAGEMENT INC. no later than the 15th day of the month prior to the Commencement date in order to be effective on the Commencement Date.

AUTHORIZATION and ACCEPTANCE

By signing this authorization, I/We acknowledge that I/we have read, understood, and accepted all the provisions of the Terms and Conditions in page 1 of this Pre-Authorized Debit Agreement; warrants that all persons whose signatures are required to sign on this account have signed below; guarantees all information contained herein is correct to the best of my/our knowledge; and am/are solely responsible for any consequences due to providing fraudulent information contained herein.

DATE: _____ SIGNATURE OF PAYER(S): _____