

**PRE-AUTHORIZED DEBIT PAYMENTS**

**Please Print**

I, \_\_\_\_\_ authorize Fairfax Management to directly debit my account on the first of each month for the fees stipulated. (Please note that your bank statement will show Fairfax Management as the payee).

**Strata Plan** \_\_\_\_\_ **Maintenance Fees: \$**\_\_\_\_\_ **Effective Date:**

\_\_\_\_\_  
(for PAP to begin)  
Name: \_\_\_\_\_

Address: \_\_\_\_\_ *Vancouver, BC* Postal Code \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Cell telephone #: (\_\_\_\_\_) \_\_\_\_\_

This amount may be revised at any time to reflect changes to the maintenance fees that have been approved by the Owners at an Annual or Special General Meeting. I/we have read and understood the terms of this authorization.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**PLEASE NOTE THAT ANY CHANGES TO YOUR PRE-AUTHORIZED PAYMENT INFORMATION OR REQUESTS FOR CANCELLATION WILL REQUIRE FIVE BUSINESS DAYS NOTICE.**

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**BANK ACCOUNT INFORMATION**

Name of Account Holder \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Institution Number \_\_\_\_\_

Branch Address \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Branch Transit Number \_\_\_\_\_

*\* Fill out what you can and attach your void check here*

ATTACH VOID CHEQUE HERE