



PRE-AUTHORIZED DEBIT OF STRATA FEES

Please Complete and Attach a Void Cheque to this Document Before Sending in.

I/we authorize Davin Management Ltd, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Strata Lot account(s). Regular monthly payments for the full amount specified will be debited from my/our specified account on the 1st day of each month. Davin Management Ltd. will obtain my/our authorization for any other one-time debits.

Written cancellation of this PAD must be received by Davin Management Ltd. at least ten (10) business days before the next debit is scheduled at the address provided below. Verbal cancellations or changes of this PAD will not be accepted.

PLEASE PRINT!

Name: _____ **Type of PAD:** Business

Unit #: _____ **Address:** _____ **Strata Plan #:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Home: _____ **Work:** _____ **(Ext: _____) Cell:** _____

Fee Amount \$: _____ **Effective Date:** _____ **(for PAD to begin)**

This PAD amount may be revised at anytime to reflect changes to the Strata 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.

Signed: _____ **Date:** _____

Office Use Only: Strata bank account _____

Strata # _____

Unit # _____

**PAP forms and void cheques can be submitted to our office by mail, fax or email to reception@davinltd.com. **