SOVILLE REALTY LTD.
PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Strata Name: _____ Strata Plan: _____ Strata Lot: _____

Address of Strata Lot: _____

Unit # _____ Phone # _____ Email: _____

1. I/We authorize Soville Realty Ltd., on behalf of our Strata Corporation, to debit my/our account monthly to cover strata fees due. The amount may change due to adjustments in fees or taxes. Payments will be made on the 1st of each month.
2. I/We waive my/our right to receive pre-notification of the PAD amount and agree that advance notice is not required before processing.
3. I/We authorize additional charges for: □ Parking □ Locker □ Other _____
4. Personal information provided will be used for identification, payment processing, and strata management. I/We authorize the Strata Corporation to collect, use, and disclose my/our information as required.
5. Banking Information:

   Bank Name: _____ Account #: _____ Transit #: _____
6. I/We agree to notify Soville Realty Ltd. of any account/address changes.
7. This authorization may be canceled with 15 days' written notice. For cancellation rights, contact your financial institution or visit www.cdnpay.ca.
8. Delivery of this authorization to Soville Realty Ltd. constitutes delivery to my/our financial institution.
9. I/We have recourse rights for unauthorized debits. Contact your financial institution or visit www.cdnpay.ca for more information.
10. I/We warrant that all account signatories have signed below.

Signatures:

Name:_____ Date: _____ Signature: _____

Name:_____ Date: _____ Signature: _____

Please email the completed and signed form to: info@sovillerealty.com

ATTACH VOID CHEQUE HERE

If cheques are unavailable, attach a Preauthorized Transaction Form from your bank.

Email: ben@sovillerealty.com
Web: www.sovillerealty.com
Email: dariya@sovillerealty.com
Phone: 778 486 4026