



Pre-Authorized Debit (PAD) Agreement

Category: Personal Business

To: AA Property Management Ltd. in trust of the Owners, Strata Plan _____

RE: Strata Lot # _____ Unit # _____ at:

This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

INSTRUCTIONS: Please complete all sections to instruct your Financial Institution to make payments directly from your account.

- PLEASE INDICATE: Set up Pre-Authorized Debit Plan
 Change of Bank Account No.
 Cancellation

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$ _____
for _____ on 1st day of each month beginning _____.

1. CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please print clearly)		
Name:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number:		
Email Address:		

2. BANK ACCOUNT INFORMATION		
Supporting Document Attached: <input type="checkbox"/> Void Cheque <input type="checkbox"/> Bank PAD Confirmation <input type="checkbox"/> Others: _____		
Financial Institute Number:	Branch Transit Number:	Account Number:
Financial Institute:	Name:	
	Branch Address:	

3. PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS			
Name: AA Property Management Ltd.			
Mailing Address: #136 – 4299 Canada Way	City: Burnaby	Province: B.C.	Postal Code: V5G 1H3
Telephone Number: 604-207-2002	Fax: 604-207-2008	E-Mail: ar@aaproperty.ca	

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, I/we certify that all information contained in this form is accurate and I/we agree to inform the Payee, in writing (within ten (10) days) after any change in the information provided prior to the next due date of the PAD.

Valid Signing Authority: I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on my/our account indicated above with my/our Financial Institute for the Strata Fees.

Validation of Processing Financial Institution: I/We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance the particulars of our authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our Account.

Recourse/Reimbursement: 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. To obtain more information on our recourse rights, I/we may contact our Financial Institution or visit www.cdnpay.ca.

Our Rights of Dispute: I/We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. This Authorization was revoked.

In order to be reimbursed, I/we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 10 calendar days after the date on which the disputed PAD was posted to our account. I/We acknowledge that any claim made after 10 business days or for any reason other than the above, is a matter to be resolved solely between the Payee and myself/ourselves.

Acceptance of Delivery of Authorization: I/We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by me/us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by me/us.

Cancellation of Arrangement: This Authorization may be cancelled at any time upon notice by me/us to the Payee at least 10 days prior to the PAD being issued. A Payor's PAD Agreement shall also advise that the Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.cdnpay.ca.

Pre-Notification Waiver: I/We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

Contract for Goods or Services: Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payee and us. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

I/We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

I/We acknowledge that delivery of this authorization to AA Property Management Ltd. constitutes delivery by me/us to the above-mentioned financial institution.

Dated this _____ day of _____, 2025.

Authorized Signatory

Name (Please print)

Authorized Signatory

Name (Please print)

If we receive your PAD form before 20th of the month, your PAD can be implemented the following month.