Pre-authorized Payment Authorization

Freedom of Information & Protection of Privacy Act

Personal information requested is collected and used for the purpose of administering your Strata fee account. Completion of this form provides your consent. Questions about how the Act applies to this personal information can be directed to Administration at Teamwork Property Management Ltd. 2670 Minter Street, Abbotsford, BC V2T 3K2 or by phone 604-854-1734 or Toll -free at 1-866-941-6584 or e-mail us at admin@teamworkpm.com

Building Name:				
Strata Plan #:		Phase &/or Unit #:		
			of Banking Information	
Can we take any Arrears owing from your first auto-debit draw? Yes or No				
Monthly Strata A	mount to be drawn: \$: \$	Starting date:	
Include Parking:		Storage:	Other:	
The undersigned h	604-854-1734 Toll- ereby authorize TEAMW of each month) by elect	t, Abbotsford, B free 1-866-941-6 ORK PROPERTY		
Full names of Applicant(s	;)	Primary Phor	ne Number(s)	
Work Telephone	Other phone	e-mails:		
Your Mailing Address				
 Acknowledge Management Acknowledge at which I m drawn in acco Agree to info this authorize Authorize Te year as futur 	that, in order to cancel this Ltd. that delivery of this authorizaintain an account and that ordance with this authorization. Teamwork Property Management of the budgets adopted by my State Ltd will to the best of the	agreement, written not zation to you constitute t such financial institu on; agement Ltd in writing to the next due date o ent Ltd to increase/de Strata Corporation affe	on this account have signed this agreement belocice of revocation will be given to Teamwork Propes delivery by the applicant to the financial institution is not required to verify that the payments of any change in the account information provide f the pre-authorized debit. crease amounts drawn on my account from yea ext monthly assessment fees. (Teamwork Propoplicant in writing of the revision in advance of	erty ution are ed in r-to- perty
Signature of Applicant as	it appears on your cheque		Date	
Signature of Joint Applica	ant as it appears on your cheque	PLEASE ATTA	CH A CHEQUE MARKED "VOID"	

In order for this application to be acted upon, it must be received by our office no later than the 20th of the month prior to the month you wish payment to commence. If this application will not be received in time, please enclose a completed cheque with this form for your next month's maintenance fees.