wynford

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Pre-Authorized Payment (PAP) Form

** In addition to mail and fax, signed (PAP) forms can be submitted by **email** to ar@wynford.com

Owner Name(s): _____ Home #: _____

Strata Plan: _____ Strata Lot: _____ Cell #: _____

Unit Address: _____ Email: _____

Purpose: ☐ New Enrolment ☐ Change in Banking Information ☐ Cancellation (15 days' notice required)

AUTHORIZATION:

1. I / We hereby authorize The Wynford Group on behalf of our Strata Corporation and / or respective Section to draw cheques or prepare debits by paper or electronic entry on the 1st of each month covering the following:
   Please " √" the applicable items:

   ☐ Monthly Strata and/or Section Fees ☐ Storage/Locker ☐ Parking/EV ☐ Gas Recovery ☐ Other _____

   I / We acknowledge that the amounts for each item indicated will be those prescribed / approved by the Owners and due to the Strata Corporation and / or Section. The amounts may be increased / decreased as approved by the Owners of the Strata Corporation and / or Section.

   I / We acknowledge that other withdrawals can be made for charges not specified on this form, if such withdrawal is requested by me / us in writing.

2. **EFFECTIVE DATE:** _____ (Month) 1st (Day) _____ (Year) **(See "Note" Below)**

Note: The effective date must be the 1st day of the month. The PAP Form must be received by The Wynford Group **15 days prior** to the effective date to ensure processing in time for 1st of the month. However, for forms received after the deadline, withdrawals may be scheduled for 1-5 business days AFTER the 1st of the month, and withdrawals can be made retroactively.

3. I / We undertake to inform The Wynford Group, in writing, of any change in the account or address information provided in this authorization, **15 days before the beginning of the month**. If the account is transferred to another financial institution, it will be necessary to provide The Wynford Group with a voided cheque / digital bank information form.

4. This authorization may be cancelled at any time upon receipt of a minimum of 15 days written notice to The Wynford Group prior to the first day of the following month.

5. I / We acknowledge that delivery of this authorization to The Wynford Group constitutes delivery by me to the financial institution indicated on the face of my voided cheque / digital bank information form.

6. 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 pre-authorized agreement. More information on recourse rights is available from any financial institution or at www.cdnpay.ca.

ACCEPTANCE

I / We hereby confirm our authorization in accordance with the provisions contained herein and warrant that all persons whose signatures are required to sign on this account have signed below:

Date: _____ (Month) _____ (Day) _____ (Year) _____ Registered Owner Signature _____ 2nd Owner Signature, if required

IMPORTANT: If you are **NOT** the registered Owner but are taking responsibility for making payments (i.e. the bank account is in your name), please complete the information below: Email: _____

Name: _____ *Please Print* _____ *Please Sign* Phone #: _____

FOR BANK ACCOUNTS IN A COMPANY NAME (when the company is not a registered owner**),** we require the signature of a Company Signing Officer below:

Name: _____ *Please Print* _____ *Please Sign* _____ *Title*

REQUIRED TO BE ATTACHED (to indicate the account to be drawn upon): (Can usually be downloaded from online banking)

☐ Blank cheque marked "VOID" OR ☐ Direct Debit/Deposit Bank Information Form

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For Wynford Use Only: Strata Plan: _____ Unit Code: _____ Owner Code: _____

Rev: Apr.1/24 Entered By: _____ Date Entered: _____