RHOME Property Management
a division of Associa® British Columbia, Inc.

PRE- AUTHORIZED PAYMENT SERVICE AGREEMENT

The undersigned hereby authorizes ASSOCIA BC INC. - RHOME PROPERTY MANAGEMENT (AGENT) to draw monthly debits by paper or electronic entry covering.
payments due by the undersigned to:

Bld. Nr: ____ Building Name: _____

Name: _____

Unit Address: # ____ - _____

Phone #: ___ - ___ - ____ Monthly fee: $ ____ . __

Type of Service: Business ___ Personal ____ Monthly charges (e.g. parking, storage, etc) $ ____ . __

Starting on first day of: (MM-YY) __ - __ To authorize withdrawals to clear arrears, please initial box ☐

The undersigned hereby:

1. Acknowledges that this form must reach ASSOCIA BC INC. **7 business days** before the month for the withdrawal to be effective the 1st day of the following month. Late forms will be processed at a later date and the undersigned will ensure that sufficient funds are set aside and available in the month concerned for the withdrawal.
2. Warrants that all persons whose signatures are required to sign on this account have signed this agreement;
3. Acknowledges that, in order to cancel this agreement, written notice of revocation shall be given to ASSOCIA BC INC. **7** business days prior to the next scheduled date of pre-authorized debit.;
4. Acknowledges that any delivery of this authorization by you constitutes delivery by the undersigned to the processing institution;
5. Agrees to inform ASSOCIA BC INC. in writing of any change of account information provided in this authorization **7** business days prior to the next scheduled date of pre-authorized debit;
6. Authorizes ASSOCIA BC INC. to increase/decrease amounts drawn on the account from year to year as per rent increase notices; AND
7. Agrees to waive the pre-notification requirements of Rule H1 S15(a) of the Canadian Payments Association.
8. Please note that an email address is a system security requirement to set up automatic withdrawals on your account. If one is not provided, we are unable to process your request.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I understand the personal information provided above is for the purposes of identifying and communicating with me, processing payments, ensuring the orderly management of the business and complying with legal requirements. I hereby authorize A S S O C I A B C I N C . to collect, use and disclose my personal information for these purposes.

Signature _____ Date _____

Banking information **must** be provided via void cheque or on document verified by your financial institution.

PLEASE ATTACH A VOID CHEQUE HERE
(NO STAPLES)

Please return this form to ASSOCIA BC INC. **7** business days **before** the month for the withdrawal to be effective the 1st day of the following month. Late forms will be processed at a later date.

NO COVER PAGE REQUIRED FOR FAX

Fax: 250-475-2008 **Mail** #301-1001 Cloverdale Ave, Victoria, BC V8X 4C9