



LEONIS Management & Consultants Ltd.
 #108 5455 152nd Street
 SURREY, B.C.
 V3S 5A5
 Tel: 604-575-5474
 Fax: 604-575-5476

Pre-Authorized Payment Form
(For payment of monthly strata fees)

Strata Plan: _____

Building Name: _____

Unit #: _____

Address: _____

Name: _____
(Strata Lot Owner) *(Last Name)*

(First Name)

(Last Name)

(First Name)

Telephone #: () -
(Home)

() -
(Work/Cell)

Maintenance Fee Amount: \$

Start Date of Payment:

The undersigned agrees to the following:

1. By signing this form, I/We hereby authorize Leonis Management and Consultants Ltd., on behalf of the Strata Corporation, to debit my/our account monthly, covering monthly strata fees due to the Strata Corporation;
2. Monthly strata fee amounts may be increased/decreased as a result of an Annual General Meeting or Special General Meeting and as voted on and approved by the Strata Corporation in accordance with the Strata Property Act. Changes to your pre-authorized payment will be made automatically;
3. Leonis Management & Consultants Ltd. will process monthly strata fees as noted above "In Trust For" your strata corporation;
4. This authorization may be cancelled upon 6 (six) days written notification to Leonis Management;
5. I/We undertake to inform Leonis Management of any change in the account or address information provided in this authorization as soon as the changes occur.
6. I/We have read and understood the terms of this authorization

Date: _____

Signature: _____

Signature: _____

TO ENSURE TIMELY PROCESSING, THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN SIX (6) BUSINESS DAYS PRIOR TO THE DESIRED COMMENCEMENT DATE OF PAYMENT. PLEASE ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAP COMMENCEMENT. IF YOU ARE USING A SAVINGS ACCOUNT AND DO NOT HAVE CHEQUES, PLEASE ENCLOSE A BANK-ISSUED PRE-AUTHORIZED PAYMENT FORM THAT INCLUDES THE TRANSIT AND INSTITUTION CODE.

ATTACH VOID CHEQUE HERE