



# Coastal Rainforest Realty Corp.

FULL SERVICE PROPERTY MANAGEMENT

Real Estate Sales • Strata Management • Rental Management

## Pre-Authorized Debit Authorization (PAD) Form

### Freedom of Information & Protection of Privacy Act

Personal information requested is collected and used for the purpose of administering your Strata Account. Completion of this form provides your consent.

COMPLETE AND EMAIL TO: [debit@coastalrainforest.ca](mailto:debit@coastalrainforest.ca)

Strata Address: \_\_\_\_\_

Strata Plan #: \_\_\_\_\_ Unit #: \_\_\_\_\_

Is this your **First Application** \_\_\_\_\_ or **Change** \_\_\_\_\_ of Banking Information

Arrears may also be withdrawn at this time to bring my account current. YES \_\_\_\_\_ NO \_\_\_\_\_

Starting date for debit (1<sup>st</sup> of): \_\_\_\_\_

(If this form is sent into [debit@coastalrainforest.ca](mailto:debit@coastalrainforest.ca) **Before the 20<sup>th</sup> of the month** the start date will be the 1<sup>st</sup> of the next month. After the 20<sup>th</sup> will be the following month after.)

### Coastal Rainforest Realty - In Trust

#411 - 9-45905 Yale Road, Chilliwack BC V2P 8E6 Phone : 778-656-1390

[debit@coastalrainforest.ca](mailto:debit@coastalrainforest.ca)

The undersigned hereby authorize Coastal Rainforest Realty Corp to withdrawal monthly strata fees by electronic entry as authorized.

Full names of Applicant(s) \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

The undersigned Financial Institution is hereby authorized to debit the account of the applicant:

**PLEASE ATTACH A 'VOID' CHEQUE HERE  
OR  
EMAIL A COPY OF A 'VOID' CHEQUE  
OR A BANK'S PRE-AUTHORIZED DEBIT (PAD) FORM  
WITH THIS DOCUMENT**

The applicant(s):

1. Warrants that all persons whose signatures are required to sign on this account have signed this agreement below.
2. Acknowledge that, in order to cancel this agreement, written notice of revocation will be given to Coastal Rainforest Realty.
3. Acknowledge that delivery of this authorization to you constitutes delivery by the applicant to the financial institution at which I maintain an account and that such financial institution is not required to verify that the deposits are in accordance with this authorization;
4. Agree to inform Coastal Rainforest Realty in writing of any change in the account information provided in this authorization at least two weeks prior to the next due date of the pre-authorized credit.
5. Acknowledge that for NSF's; an administration/processing **NSF charge of \$ 50.00** WILL be levied for any automatic debit or cheques not honored by the bank on which it is drawn.

Signature of Applicant as it appears on your cheque \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant as it appears on your cheque \_\_\_\_\_

Date \_\_\_\_\_

***In order for this application to be acted upon it must be received by our office Before the 20<sup>th</sup> of the month prior to the month you wish payments to commence!***

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