

Pre Authorized Debit (PAD) Agreement

PLEASE NOTE: 1) This Form and a Void Cheque/Bank Confirmation must be received by REMI no later than 15th of the month prior to the month the PAD is to commence. Form can be submitted by fax, mail or E-Mail to: AR@remirealty.ca.
2) Please enclose a cheque for payment of any outstanding balance owing prior to the PAD commencement date.

To: REMI Realty Inc. (the "Payee")

The Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

INSTRUCTION: Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" or Bank Confirmation to REMI Realty Inc.

CUSTOMER (ACCOUNT HOLDER) INFORMATION

Name:		
Unit Number:	Strata Plan:	
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number:		

BANK ACCOUNT INFORMATION

Deposit Account Number:	Branch Transit Number:	
Financial Institution Number:	Chequing Account:	Saving Account:
Financial Institution Name:		
Branch Address:		

PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS

Company Name:	REMI Realty Inc.	
Mailing Address:	#108 – 20678 Eastleigh Crescent, Langley, BC V3A 4C4	
Telephone: 604-530-9944	Fax: 604-530-9948	Email: AR@remirealty.ca



Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this for is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose: Strata Fee.

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$_____ may be drawn on our account _____ Monthly _____ beginning (mm/dd/yyyy) _____ ending (mm/dd/yyyy) _____ (optional). Annual adjustments as approved at the General Meeting **are** permitted.

Validation by Processing Financial Institution: We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance to the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the PAD issued by the Payee on our account.

Recourse/Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca.

Our Rights of Dispute: We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. The Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 10 calendar days after the date on which the dispute PAD was posted to our account. We acknowledge that any claim made after 10 business days for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

Cancellation of Arrangement: This Authorization may be cancelled at any time upon notice by us to the Payee at least 15 days prior to the PAD being issued. We may obtain a sample cancellation form, or further information on our right to cancel a PAD agreement, at our financial institution or by visiting www.cdnpay.ca.

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

Contract for Good or Services: Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payee and us. Our Authorization Applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.

We understand and agree to this PAD agreement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____, 20_____

Authorized Signature

Name (Please Print)