



PROFILE PROPERTIES LTD.

#108-2331 Marpole Avenue, Port Coquitlam, V3C 2A1
Phone: (604) 464-7548 / Fax: (604) 464-1005
www.profile-properties.com

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Authorization of the Payor to the Payee
to Direct Debit an Account

1. Please complete all sections in order to instruct your financial institution to make payment directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address below.
4. If you have any questions, please write or call the Payee.

PAYOR INFORMATION (Please type or print clearly)

| | | |
|-----------------|--|----------------|
| PAYOR NAME (S): | | |
| ADDRESS: | | TELEPHONE: |
| AMOUNT: | FREQUENCY: 1 st day of the Month | STARTING DATE: |

I understand the personal information provided above is for purposes of identifying and communication with me, processing payments, responding to emergencies, ensuring the orderly management of the strata corporation and complying with legal requirements. I hereby authorize the Strata Corporation to collect, use and disclose my personal information for these purposes.

SIGNATURE OF OWNER(S): _____ **DATE:** _____

PAYEE INFORMATION (Please type or print clearly)

| | |
|--|---------|
| STRATA PLAN # | UNIT #: |
| ADDRESS: <i>C/O Profile Properties Ltd. #108-2331 Marpole Ave, Port Coquitlam, V3C 2A1</i> | |
| TELEPHONE: 604-464-7548 or fax to 604-464-1005 | |

PLEASE ATTACH VOID CHEQUE HERE

***ALL FORMS MUST BE RECEIVED IN OUR OFFICE BY THE 20TH OF THE MONTH
PRIOR TO START DATE ON THIS FORM!***



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Terms & Conditions

1. In this Authorization, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on to reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Consumer PAD"), on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorized the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration on my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Consumer PAD, and any Consumer PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between the Payee and me.
4. I agree that my Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose on any Consumer PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information, which may be contained in the Authorization to such financial institution.
6. (a) I understand that with respect to:
 - (i) fixed amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited and the date(s) of debiting, at least ten (10) calendar days before the due date of the first Consumer PAD, and such notice shall be received every time there is a change in the amount or payment date(s); or
 - (ii) variable amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Consumer PAD.
 - (iii) A Consumer PAD plan that provides for the issuance of a Consumer PAD in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Consumer PAD in full or partial payment of a billing received by us, the ten (10) day pre-notification is waived.
7. I may dispute a Consumer PAD by providing a signed declaration to my Financial Institution under the following conditions:
 - a) the Consumer PAD was not drawn in accordance with this Authorization;
 - b) this Authorization was revoked;
 - c) any pre-notification required by section 6 was not received by me;I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Consumer PAD. I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Consumer PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Consumer PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Consumer PAD.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Consumer PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Consumer PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la presente autorisation et tous les documents s'y rattachant soient rediges et signes en anglais.

Name of Account Holder

Signature

Date

(Please complete sections on other side of this form)