



ATTACH VOID CHEQUE HERE

**PRE-AUTHORIZED DEBIT PAYMENTS**

I, \_\_\_\_\_ authorize CrossRoads Management Ltd, to directly debit my account on the first of each month for the fees stipulated: (please note that your bank statement will show Crossroads as the payee)

**Strata Plan** \_\_\_\_\_ **Maintenance Fees: \$** \_\_\_\_\_

**Effective Date** \_\_\_\_\_ (for PAP to begin)

**Print name:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Cell telephone #:** \_\_\_\_\_

This amount may be revised at any time to reflect changes to the maintenance fees that have been approved by the Owners at an Annual or Special General Meeting. I/we have read and understood the terms of this authorization.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE NOTE THAT ANY CHANGES TO YOUR PRE-AUTHORIZED PAYMENT INFORMATION OR REQUESTS FOR CANCELLATION WILL REQUIRE TEN BUSINESS DAYS NOTICE.

Office Use Only: Strata bank account \_\_\_\_\_

Strata # \_\_\_\_\_ Unit # \_\_\_\_\_