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 Kamloops, BC V2C 6W3
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 columbiaproperty.ca

PERSONALLY APPROVED PAYMENTS [PAP] SERVICE

The undersigned hereby authorize(s) Columbia Property Management Ltd. to draw monthly cheques or prepared debits, by paper or electronic entry, covering payments due to the undersigned to Columbia Property Management Ltd. for monthly rent or strata fees, in the amount of \$ _____. Payments will be processed monthly on the 1st day of the month.

A. STRATA CORP. _____ B. ADDRESS _____
 UNIT # _____

PLEASE COMPLETE IN FULL:

MR. MISS FIRST NAME INITIALS SURNAME HOME/WORK PHONE
 MS. MRS.

ADDRESS CITY PROVINCE

CONTACT VIA EMAIL _____

BANK INFORMATION:			
ACCOUNT TYPE:	SERVICES ARE FOR:		
<input type="radio"/> SAVINGS <input type="radio"/> CHEQUING	<input type="radio"/> PERSONAL USE		
TRANSIT NO. _____	BRANCH NO. _____	ACCOUNT NO. _____	
3 DIGITS	5 DIGITS		
INSTITUTION NAME: _____			
ADDRESS _____	CITY _____	PROVINCE _____	
<p>NOTE: To ensure accuracy, a 'VOID' cheque or printout from your bank MUST be submitted with this form. For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.</p>			

The above noted financial institution is hereby authorized to pay and debit the account of the undersigned. All amounts payable to Columbia Property Management Ltd. In Trust drawn on or directed to you by a chartered bank on behalf of Columbia Property Management Ltd. In Trust. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.

This authorization may be cancelled at any time upon written notice.

- To obtain a sample cancellation form, or for more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.cdnpay.ca.
- Certain recourse rights apply if any debit does not comply with this agreement. To obtain more information on recourse rights, contact your financial institution or visit www.cdnpay.ca.

Should there be a strata fee or rent increase, your pre-authorized payment will be adjusted accordingly.

By signing below you agree that no pre-notification will be provided in events of said increase.

DATE _____ SIGNATURE AS YOU SIGN YOUR CHEQUES _____

Your pre-authorized payment form must be received in our office by the 20TH of the month in order for your payment to come out on the 1st of the following month. Since the PAP program is not retroactive, please also enclose a cheque for any balance owing prior to PAP commencement.
A \$25.00 service charge will apply for non sufficient funds.