



AUTOMATIC DEBIT AUTHORIZATION FORM

My/Our Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Registered Owners of Strata Lot: _____ Strata Plan Number: **VIS**_____ *If you do not know the lot number, leave blank*

Strata Address: _____ - _____

The signature(s) below constitute all of the signatures required for the submitted bank account.

By this document, I/we authorize South Island Property Management Ltd. to debit my/our bank account submitted, in the amount of \$_____ on the first day of each and every month, beginning on _____ and continuing until such time as I/we, cancel or alter this authorization by delivering fifteen business days' written notice to South Island Property Management Ltd.

I/We further authorise South Island Property Management Ltd. to alter this amount to reflect the budget and fee schedule approved by The Owners, Strata Plan Number **VIS**_____ (the Strata Corporation) at the Annual General Meeting of the Strata Corporation, or any amended budget and fee schedule approved at any Extraordinary General Meeting of the Strata Corporation. I also authorize South Island Property Management Ltd. to alter this amount to add or delete additional charges (e.g parking, storage) if this becomes applicable.

In the event that I/we move my/ our account from one bank or branch to another, or if there is any other change in my/our bank account that would affect this authorization, or should I/we cancel this authorization, I/we accept responsibility for providing a minimum of fifteen business days' written notice to South Island Property Management Ltd..

I/We understand and agree that my/our obligation to South Island Property Management Ltd. and/or the Strata Corporation, does not end, should I/we cancel this authorization or stop or defer any payment hereunder. Such obligation ends only when the above-noted strata lot has been sold and all my/our indebtedness to the Strata Corporation has ended, as evidenced by the issuance of an unencumbered Form F.

I/We agree to notify South Island Property Management Ltd. promptly of any incorrect amount processed against my/our account under this authorization, and South Island Property Management Ltd. agrees to correct same as soon as possible.

I/we attach a blank cheque, marked 'VOID' or bank printout with the correct banking information.

Signature: _____

Date: _____

Signature: _____

Date: _____

PLEASE RETURN THIS FORM SEVEN WORKING DAYS BEFORE THE EFFECTIVE DATE OF YOUR AUTHORIZATION TO ALLOW FOR ADEQUATE PROCESSING TIME.