

AUTOMATIC DEBIT AUTHORIZATION FORM - Strata

To: SOUTH ISLAND PROPERTY MANAGEMENT LTD
100 - 3581 Shelbourne Street Victoria BC V8P 4G8
Email: accounting@sipmltd.com

Fax: 250-595-2022
Phone: 250-595-6680

My/Our Name: _____

Phone number: _____ Email: _____

Strata Address: _____

Registered Owners of Strata Lot: _____ Strata Plan Number: _____ Unit _____

Mailing Address (if different from Strata Address): _____

The signature(s) below constitute all of the signatures required on the above bank account.

By this document, I/we authorize South Island Property Management Ltd (SIPM) to debit my/our bank account indicated above, in the amount of \$_____ on the **first day of each and every month**, beginning _____, 20_____ 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 authorize South Island Property Management Ltd. to alter this amount to reflect the budget and fee schedule approved by The Owners, Strata Plan Number _____ (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 (eg. 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.