

**DIRECT PAYMENT SERVICE (You may fax this form to 604-541-8417)
ENROLLMENT AUTHORIZATION CARD**

Please fill in and return this form to Hugh & McKinnon Property Management with one of your personal cheques unsigned and marked VOID (for verification purposes).

NAME(S): I/We _____

STRATA PLAN....., **UNIT** , PHONE.....

AUTHORIZE

**HUGH & MCKINNON REALTY LIMITED - 604-531-1909 fax 604-541-8417
14007 - 16 AVENUE, WHITE ROCK, BC V4A 1P9**

TO DEBIT MY/OUR ACCOUNT for the purpose of: **STRATA FEES**

NAME OF DEPOSITORY: _____

BRANCH ADDRESS: _____

**Depository Branch
Transit Number**

**Depository Institution
Number**

Account Number to be charged

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___ Chequing Account

___ Savings Account

___ Other Account

IN THE FIXED AMOUNT OF \$_____, payable on the first day of each month beginning _____ (date). This amount may be revised at any time to reflect changes in strata fees provided that written notice of the revision is given. Permission is hereby granted by the Owner to share this information with the Strata Corporation's financial institution.

I/We have read and understood the terms of this authorization.

Signature _____ Date _____

Signature _____ Date _____