DIRECT PAYMENT SERVICE

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									
EMAIL															
Telephone: 604-53	HUGH & M 31-1909 Fax 14007 - 16 AVE	//cKINN 604-53	1-4624	LTY Ema	nil: s	trata	@hı	-	ncki	innc	on.co	om			
TO DEBIT MY/OUR ACCO	DUNT for the pu	irpose o	f: STRA	TA FE	ES										
NAME OF DEPOSITORY	:														
BRANCH ADDRESS:															
Depository Branch Dep Transit Number															
Chequing Account			Savings A	count				Ľ		Oth	ner Ao	ccoun	ıt		
You the Payor authorize H FIXED AMOUNT OF \$ (date changes in strata fees pro by the Owner to share this) or the next bu vided that writte	due and usiness en notic	day. This day. This e of the i	e on s amo revisio	the ount i on is	first may give	day be re n. Pe	of (evise ermis	each ed at ssio	n mo : any n is	onth / tim	beg e to	inning reflec		
These services are for (che	eck One)	perso	nal (stra	ita fee	es)			b	usir	iess	Use	9			
You the payor may revoke y obtain a sample cancellation financial Institution or visit wy	form, or for more														
I/We have read and unde	erstood the ter	ms of tł	nis auth	orizat	ion.										
Signature						Date									
Signature					Ĺ	Date									
You have certain recourse rights reimbursement for any debit that your recourse rights, contact you	is not authorized of	or is not co	onsistent v	ith this	ment.	For	exam	ple, y	ou h	ave t	he rig	ght to	receive		

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.