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www.columbiaproperty.ca info@columbiaproperty.ca

PRE-AUTHORIZED PAYMENTS [PAP] SERVICE

The undersigned hereby			-	monthly cheques or prepared
debits, by paper or e	electronic entry, c	overing payments	due to the undersi	gned to Columbia Property
Management Ltd. for m processed monthly on	•		iount of \$	Payments will be
processed menting on	and i day of the		AUTHO	RIZED TO PAY OUTSTANDING
DI FACE COMPLETE IN I	FIII I .		_	STRATA FEES THRU PAP
PLEASE COMPLETE IN F	FULL:			
o MR. o MISS	FIRST NAME	INITIALS	SURNAME	HOME/WORK PHONE
o MS. o MRS.				
ADDRESS			CITY	PROVINCE
CONTACT VIA EMAIL				
STRATA CORP.		ADDR	ESS	
UNIT #				
	accuracy, a 'V	•		your bank <u>MUST</u> be
NOTE: To ensure submitted with th	e accuracy, a 'V iis form. For a j	oint account, a		ST sign if more than
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Your pre-authorized payment form must be received in our office by the 20^{TH} of the month in order for your payment to come out on the 1^{st} 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 \$50.00 service charge will apply for non-sufficient funds.