

ELECTRONIC FUNDS TRANSFER FORM

PAYEE – Strata Corporation Name: _____

Personal & Financial Institution Information - SECTION A

PLEASE PRINT CLEARLY

Owner Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

[ATTACH VOID CHEQUE OR ACCOUNT INFORMATION FORM OBTAINED FROM YOUR BANK]

Transaction Information - SECTION B (Transaction type - Withdrawal)

Strata Plan #: _____ Strata Lot #: _____ Unit #: _____

Monthly withdrawal amount will be per the most recently approved annual operating budget.

Bank account is (check one): ___ (personal) ___ (business)

Your account will be brought to date (\$0.00 balance) with the first automatic withdrawal from your bank account.

Monthly deductions are the 1st day of each month only (or the business day following if the 1st is a weekend or holiday). Forms must be received by the 23rd of the month to be processed on the 1st, or they will be held and processed the following month.

I (We) hereby authorize the Strata Corporation to draw on my (our) account with the afore-mentioned financial institution using the account details provided with this form. I (We) understand that any returned payments will be subject to a returned payment processing fee. For full terms please visit www.wrm.ca.

A deduction in electronic form (EFT) in the monthly amount(s) shown above will be deducted from my (our) account during the first week of each month beginning next month. This amount may change to reflect subsequent strata budgets as approved by the owners at the AGM each year or to include returned payment charges (NSF). Special levies and other incidental charges will not be deducted without written notice otherwise.

This authority remains in effect until the Strata Corporation has received a written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided above. The Strata Corporation may not assign this authorization, whether directly or indirectly, without at least providing at least 10 days written notice to me/us. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a EFT agreement at my/our financial institution or at: www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this EFT agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit: www.cdnpay.ca.

Signature of Account Holder(s)

Date

When complete please fax, email or mail this form & a void cheque to:

WRM Strata Management & Real Estate Services Ltd.

202-1410 Alpha Lake Rd., Whistler, BC, V0N 1B1

Tel: 604-932-2972 Toll Free Tel: 1-888-454-8755 Toll Free Fax: 1-855-673-6414

Email: accounting@wrm.ca