

ELECTRONIC FUNDS TRANSFER FORM - PAYEE (Strata Corporation): _____

Personal Information - SECTION A

PLEASE PRINT CLEARLY

Owner Name(s): _____ or if payor is different _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

[PLEASE ATTACH A VOID CHEQUE OR DIRECT WITHDRAWAL FORM OBTAINED FROM YOUR BANK. WE CANNOT ACCEPT ACCOUNT NUMBERS HAND-WRITTEN ON THIS FORM. PLEASE NOTE THAT PAYMENT MUST BE SET UP FROM A CANADIAN BANK ACCOUNT.]

Transaction Information - SECTION B (Transaction type - Withdrawal)

Strata Name: _____ Unit Number: _____ Strata Lot Number: _____

Monthly withdrawal amount: As per the most recently approved annual operating budget

Bank account is (check one): Personal Business

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

Monthly deductions only take place on the 1st day of each month (or the business day following if the 1st is a weekend or holiday). New form and/or account changes 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, regardless of the reason, 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) as outlined 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 my (our) express written (email) consent.

This authority remains in effect until the Strata Corporation has received a written (email) notification from me/us of its change or termination. This notification must be received at least 10 business days before the next withdrawal is scheduled to take place. 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 email, mail, or fax this form and your bank account details to:

WRM Strata Management & Real Estate Services Ltd.

202-1410 Alpha Lake Road

Whistler, British Columbia, V8E 0J3

E-mail: accounting@wrm.ca

Toll Free Fax: 1-855-673-6414