

WHISTLER OFFICE:
#103-1055 Millar Creek Road
Whistler, BC V8E 0K7
Tel: 604-905-0138 Fax: 604-905-0134
whistler@pacificquorum.com



SQUAMISH OFFICE:
PO Box 1519, 101A-38142 Cleveland Avenue
Squamish, BC V8B 0B1
Tel: 778-770-0380 Fax: 778-655-1927
squamish@pacificquorum.com

PRE-AUTHORIZED BUSINESS DEBIT ADJUSTMENT (STRATA)

NAME OF OWNER(S) _____

BUILDING NAME

STRATA PLAN #

BUILDING ADDRESS –

UNIT # _____ STRATA LOT # _____ TELEPHONE _____ EMAIL _____

I/We authorize the strata corporation agent **Pacific Quorum Properties Inc.** and the financial institution designated (account information currently used for payment of strata fees) **to add the following amounts to the recurring monthly debit.**

I/We understand that this request must be received by the 20th of the preceding month (or the last working day before the 20th, if that day falls on a weekend or holiday), and that requests received after the 20th will be adjusted on the next processing date together with any additional amounts authorized for the next processing date.

SIGNATURE(S) OF ACCOUNT HOLDER(S) _____

NAME OF ACCOUNT HOLDER (IF DIFFERENT FROM NAME OF OWNER(S)) _____

DATE SUBMITTED _____ [DATE RECEIVED _____]

SCHEDULE OF PRE-AUTHORIZED DEBIT (P.A.D.) ADJUSTMENT(S)

PAYMENT FOR (check one) -->	OUTSTANDING ACCOUNT BALANCE	SPECIAL ASSESSMENT
THE AMOUNT OF \$	ON THE FIRST DAY OF	(MONTH/YEAR)
THE AMOUNT OF \$	ON THE FIRST DAY OF	(MONTH/YEAR)
THE AMOUNT OF \$	ON THE FIRST DAY OF	(MONTH/YEAR)
THE AMOUNT OF \$	ON THE FIRST DAY OF	(MONTH/YEAR)
THE AMOUNT OF \$	ON THE FIRST DAY OF	(MONTH/YEAR)
OTHER: ADD MONTHLY \$	FOR	(LOCKER/PARKING/OTHER) STARTING FROM
THE FIRST DAY OF	(MONTH/YEAR)	

PLEASE SUBMIT THIS FORM TO payments@pacificquorum.com