

ATTENTION RESIDENTS ESPANA – BCS 3437

PAD ADJUSTMENT FORM FOR SPECIAL **ASSESSMENT**

Further to the minutes posted earlier today, please see attached PAD Adjustment form for the special assessment payments for the operating deficit recovery for Residential and Joint.

C. SPECIAL ASSESSMENT PAYMENTS – DUE ON JANUARY 31, 2021 Please be advised that special assessment payments ARE NOT automatically withdrawn from your pre-authorized payment account. The management company does not have authority to withdraw special assessment amounts unless written permission is received from the Owner. Please see attached special assessment schedule. If you would like the payment withdrawn from the same account your monthly strata fees are deducted from on the 1st of each month, please fill out the attached pre-authorized payment adjustment form. Please forward the completed adjustment form to the Accountant for your property at roland@pacificquorum.com

Additionally you can also mail the cheque payable to "STRATA PLAN BCS 3437" to our office at 1777 West 75th Avenue, Vancouver, BC V6P 6P2.

> Thank you for your cooperation! Strata Council & Management

WWW.PACIFICQUORUM.COM

□ SURREY

□ SQUAMISH

PO BOX 1519



PRE-AUTHORIZED BUSINESS DEBIT ADJUSTMENT (STRATA)

- 1. This form is for use by owners who are already paying strata fees by pre-authorized bank debit.
- 2. The authorized adjustment(s) is/are valid only for the dates and amounts stipulated below.

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BUILDING NAME		STRATA PLAN #		
UNIT #	STRATA LOT#_	TELEPHONE	EMAI	L
	ount information	_	•	c . and the financial institution dd the following amounts to the
before the 25 th	, if that day falls	on a weekend or holiday),	and that requests	g month (or the last working day s received after the 25 th will be thorized for the next processing
SIGNATURE(S) OF ACCOUNT HOLDER(S)				
NAME OF ACC	OUNT HOLDER (IF DIFFERENT FROM NAM	E OF OWNER(S))_	
DATE SUBMITTED		[DATE RECEIVED		
	ΙΕυ		DATE RECEIVED	
		F PRE-AUTHORIZED DEE		
		F PRE-AUTHORIZED DEE	BIT (P.A.D.) ADJU	JSTMENT(S)
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PAYMENT FOR THE AMOUNT O	SCHEDULE O (check one) → DF \$ DF \$	F PRE-AUTHORIZED DEE OUTSTANDING ACCOUNT ON THE FIRST DAY OF ON THE FIRST DAY OF	BIT (P.A.D.) ADJU	JSTMENT(S) SPECIAL ASSESSMENT(MONTH/YEAR)
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PAYMENT FOR THE AMOUNT OF THE	SCHEDULE O (check one) → DF \$ DF \$	F PRE-AUTHORIZED DEE OUTSTANDING ACCOUNT ON THE FIRST DAY OF ON THE FIRST DAY OF	BIT (P.A.D.) ADJU BALANCE	SPECIAL ASSESSMENT (MONTH/YEAR) (MONTH/YEAR) (MONTH/YEAR) (MONTH/YEAR) (MONTH/YEAR)