C&C PROPERTY GROUP LTD.
www.cccm.bc.ca

| Strata Plan # |
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**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR PERSONAL/HOUSEHOLD PURPOSES**

1. I/We hereby authorize C&C Property Group Ltd. (the payee) and the financial institution designated to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose: PAYMENT OF MONTHLY STRATA MAINTENANCE FEES

2. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

3. I/We may cancel the Authorization at any time upon providing written notice to the Payee. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. A sample cancelation form or further information on the right to cancel a PAD agreement is available by contacting your financial institution or visiting www.cdnpay.ca .

4. The Payee may issue a PAD once per calendar month in an amount up to a maximum of the monthly maintenance assessment for the Payor's strata lot approved for the fiscal year of the strata corporation in effect at the time the PAD was issued. The Payee will provide ten (10) days notice (such as, but not limited to, a telephone instruction) requesting to issue a PAD in full or partial payment of a billing received by me/us for any other payment obligation.

5. I/We may dispute a PAD for any debit on my account under the following options:
   i) the PAD was not drawn in accordance with the Authorization;
   ii) the Authorization was revoked; or
   iii) pre-notification, as required under Section 4 was not received.

   I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca .

6. I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete any PAD transaction.

   Payor's Name and Address – please print  Type of Service: Personal __X__ Business _____

| Mr. Mrs. Ms. Miss. | Surname | First Name |
|---|---|---|
| Unit Number | Address | |
| City | Postal Code | Telephone |

   ***I/We have attached a preprinted specimen cheque with my/our name marked "VOID" to this payor authorization (the "Authorization")***

   I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

7. I/We understand and accept the terms of participating in this PAD plan. I/we agree to change the standard period for advanced delivery of written confirmation of this PAD to three (3) days.

| _____ | _____ | _____ |
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| Print Name | Signature | Date Signed |