

Pre-Authorized Debits Cancellation Notice

Cancellations must be received at least 10 days prior to the effective date.

Payor information (please print)

Last Name		First Name
Mailing Address		
City	Postal code	Phone Number

To: _____ Condominium Corporation No. _____

Unit # _____

Address _____
(complete only if different from above information)

I/We hereby cancel my/our authorization to issue Personal Pre-Authorized Debits against my/our account.

The cancellation is effective on _____.
(effective date)

The reason for cancellation is:

- The unit has sold and the closing date is _____.
- Banking information has changed.
- Other.

I/We acknowledge that this cancellation does not terminate any other obligation that I/We may have with the Payee.

Signed: _____

Date: _____