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Condo Fee Payment: Cancellation

This form must be received by the management office at least 10 days in advance of the next payment that is due. The Payee is not responsible for cancellations that cannot be processed due to receipt of notification that is less than 10 days.

Payor information (please print)

Last Name		First Name
Mailing Address		
City/Town	Postal Code	Daytime Telephone Number

Part 1: To: _____ Condominium Corporation No.
 Unit # _____, Address _____
(complete only if different from address provided above)

Part 2: I/We pay the monthly fee by: cheque pre-authorized debit

Part 3: The reason for cancellation is:
 I/We have sold the unit and the closing date is _____
 Other _____

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

Signature of Payor(s): _____

Date: _____

