



#200 – 1931 Mt. Newton X Cross
Saanichton, BC V8M 2A9
P. 250-544-2300
F. 250-544-0550

PRE-AUTHORIZED DEBIT Bank Account Change or Cancellation Form

(15 days' notice is required to process the request)

Building _____ Unit/Lot # _____

PLAN CANCELLATION

I/We, _____, cancel my/our authorization for pre-authorized debit effective on _____. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Reason for cancellation: Unit Sold Do not wish to continue with PAD

Other _____

Payor Signature _____

Date _____

BANK ACCOUNT CHANGE

I/We, _____, authorize a change to my pre-authorized debit bank account information effective _____.

A VOID cheque or Bank Account Information form is attached to this authorization

Payor Signature _____

Date _____