

## CANCELLATION NOTICE

**TO:** (Payee name)

**DATE:** (date)

I/We, (Payor name), cancel my/our authorization to issue (Personal, Business, Funds Transfer or Cash Management) pre-authorized debits in the amount of (amount) against my/our account number (account number) effective on (date). I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

**Signed:**

\_\_\_\_\_  
Payor/Valid Signing Authority(ies)

***Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.***

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**Note:** Please note that the CPA cannot cancel a PAD Agreement. All cancellation requests must be submitted directly to the Payee with whom you have established a PAD Agreement. It is advisable to notify the Payee in writing and keep a record of the cancellation request.

Subject to the terms of any agreement between a Payor and Payee including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, Internet, e-mail, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement.