

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.

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.