

# CANCELLATION NOTICE PRE-AUTHORIZED DEBIT



LANDLORD  
c/o MetCap Living Management Inc.  
260 Richmond Street, East, Suite 300  
Tel: (416) 340-1600 Email: e-revenue@metcap.com  
www.metcap.com

## 1. Customer Information (Please print clearly)

Name: (Payor)

Building Address:

Suite#:

Province:

Postal Code:

## 2. Pre-Authorized Debit (PAD) Cancellation Details

You may revoke your authorization at any time, subject to providing at least fifteen (15) business days written notice before the next withdrawal date. Cancellation of this authorization does not terminate your lease. For further information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### Cancellation Authorization:

I/we, the payor, cancel my/our authorization to issue personal pre-authorized debits against my/our account number effective on the following date. I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Permanently Cancel PAD

Effective date

Cancel PAD ONLY

Name of Account Holder:

Name of Joint Account Holder (if applicable)

Signature

Signature

Date

Date