

CHANGE 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) Change Details

I/we, the payor, change my/our authorization to issue personal pre-authorized debits against my/our account number by completing the below. I/we acknowledge that this change does not terminate any other obligation that I/we may have with the Payee.

Reduce the amount for the July 1, 2020 PAD:

Reduce amount

Name of Account Holder:

Name of Joint Account Holder (if applicable)

Signature

Signature

Date

Date