



**REQUEST TO CANCEL PREAUTHORIZED PAYMENT AGREEMENT**

**NOTE: 10 DAYS ADVANCE NOTICE REQUIRED TO PROCESS CANCELLATION**

Date: \_\_\_\_\_ Condo Corp. #: \_\_\_\_\_

Name: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

I, as the registered owner of the above captioned condominium unit, request that my preauthorized payment be stopped effective \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

(Owner Signature)