



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)