

CLERMONT

PAD CANCELLATION NOTICE

To: _____ (“Payee”)

Date: _____

I/We, _____ (“Payor”), cancel my/our authorization to issue (personal / business) pre-authorized debits in the amount of \$_____ against my/our account number _____ effective on _____. I/We acknowledge that this cancellation does not terminate any other obligation that I/we have with the Payee.

Signed: _____
Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Note:

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.