



PRE-AUTHORIZED DEBIT CANCELLATION NOTICE

TO: FirstService Residential and its Processing Agent

DATE: _____ Rental Strata _____
Strata Plan Strata Lot

RE: _____
(Property Name & Address /Civic Address)

I/We, _____, cancel my/our authorization to issue
(please check: 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 may
have with the FirstService Residential.

Signed:
Payor / Valid Signing Authority(ies)

(Signature)

(Signature)

(Print Name)

(Print Name)

Note: Please deliver this cancellation notice to the office of FirstService Residential at least ten (10) business days in advance of the next Pre-Authorization Debit (PAD) withdrawal by way of email, fax, prepaid courier or registered mail.

Payee's contact information:

**FirstService Residential
200 Granville Street, Suite 700
Tel: 604.683.8900 Fax: 604.689.4829
Toll Free: 1.855.683.8900
Email: ar.bc@fsresidential.com**