



Cancellation Notice

TO: Pathfinders in the Marketplace

DATE: _____

I/We _____ cancel my/our authorization to issue _____
(Payor Name) (personal/business)

pre-authorized debit in the amount of \$_____ against Bank Account

_____ effective _____.*
(date)

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signed: _____
Payor(s)/Valid Signing Authority(ies)

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.

*NOTE: please notify us 30 days prior to cancellation date.