CANCELATION PRE-AUTHORIZED DEBIT – Residential

TO: **BRYDGES PROPERTY MANAGEMENT**
830 Scotland Avenue
Winnipeg, MB R3M 1X7
senioracctgclerk@brydgespropertymanagement.com

Payment Type: **Personal PAD, TO BE CANCELLED**

This is to certify that I/we, _____
(Print Name in full)

of_____
(Street Address)

do hereby advise BRYDGES PROPERTY MANAGEMENT to cancel the withdraw from my account in the sum of $_____ as of _____, 20__. As per the authorization form signed by yourself the minimum cancellation requirement is one (1) clear calendar months notice.

I/we acknowledge the cancellation will not be deemed as received until Brydges forwards an acknowledgment email. Email this form to senioracctgclerk@brydgespropertymanagement.com

_____
Signature

Date _____ Home Phone _____ Business Phone _____

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It is understood that one (1) clear calendar month's written notice must be provided to BRYDGES PROPERTY MANAGEMENT to cancel this notice.

Payer may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.cdnpay.ca

We are collecting this information in order to provide Property Management services as required by our contract. This information is protected under the provisions of the *Personal Information Protection and Electronic Documents Act* and by the provisions of Brydges Privacy Policy. For a copy of our Privacy Policy, contact our office at 489-9510.