

REVOKE PRE-AUTHORIZED DEBIT (EFT) FORM

Owner

Tenant

Owner / Tenant Name: _____

Owner / Tenant Name: _____

Email: _____ Phone Number: _____

Hereby revoke the Pre-Authorized Debit (PAD) placed on the premises at the address listed below:

Building Name / Strata Plan #: _____

Unit Number: _____ Lot #: _____

Street Address: _____

City: _____ State/Province: _____ Post Code: _____

Current Amount of Pre-Authorized Debit: _____

Effective Date of the EFT Cancellation: _____ (MM/DD/YYYY)

Owner / Tenant Signature: _____ Date: _____

Owner / Tenant Signature: _____ Date: _____