

## **CANCELLATION NOTICE FOR PRE-AUTHORIZED DEBITS (PADS)**

À : Cov communications Inc.  
4400, rue Garand  
Laval, Québec  
Canada  
H7L 5Z6

DATE : (date)

I/We, undersigned cancel my/our authorization to issue (Personal, Business, Funds Transfer or Cash Management) pre-authorized debits.

in the amount of (enter the amount): \_\_\_\_\_

against my/our account number (enter the account number): \_\_\_\_\_

effective on (enter the date); \_\_\_\_\_

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

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.

\_\_\_\_\_  
**CLIENT NAME :**

\_\_\_\_\_  
**DATE :**

\_\_\_\_\_  
**ADDRESS :**

\_\_\_\_\_  
**SIGNATURE :**