

Good Shepherd Pre-Authorized Debit (PAD) Cancellation Agreement

To:	Good Shepherd Centre
Date:	_____
Attention:	_____

1. Personal Information

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: () _____

2. Cancellation Information

I/We, _____, cancel my/our authorization to issue 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 Good Shepherd Centres.

Signed: _____
Payor / Signing Authorities

Date: _____

Signed: _____
Payor / Signing Authorities

Date: _____

Where the Payer'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.