
REQUEST TO CANCEL PRE-AUTHORIZED PAYMENTS

CORPORATION: _____

I (We) hereby request that the pre-authorized payment arrangement be cancelled for the common element fee of the unit located at:

Unit: _____ Address: _____

Bank Account Holder Name: _____

Bank Account No.: _____

This cancellation is effective: _____
Date (mm/dd/yyyy)

I (We) understand that cancellation cannot be completed in less than ten (10) days from the date that this form is received by the Management Office. I (we) further acknowledge that a late notification will result in a \$50 fee being assessed to the account.

Signature of the Account Holder

Signature of the Account Holder

Print Name

Print Name

Contact Phone Number

Contact Phone Number

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)