



Pre-Authorized Debit (PAD) CANCELLATION NOTICE

TO: Ste. Anne Natural Gas Co-op Ltd (SANG) (Payee)

SANG ACCOUNT NUMBER: _____

DATE: _____

I/We, _____,
Print Financial Institution Account Holder Name

cancel my/our authorization to issue PERSONAL pre-authorized debits in the amount of

VARIABLE (charges arising under SANG account or Infill Financing Payment amount of \$_____)
Print Monthly Infill Financing Amount

against my/our Financial Institution account number _____
Print Financial Institution Account Number

effective on _____.
Print date the cancellation is effective

AUTHORIZATION:

(If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

I/we have the authority under the terms of my/our account agreement with my/our financial institution to make authorizations regarding the account. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

Payor A - Print Name		Payor B - Print Name	
X		X	
Payor A - Signature	Date	Payor B - Signature	Date