



CANCELLATION REQUEST FORM

For Pre-Authorized Payment Plan (PAP)

For Common Expense Fees (CEF)

Please be advised that Management requires the cancellation form to be received in the management office at least **five (5) business days** before the next withdrawal is scheduled in order to allow the cancellation of the PAP.

SUITE INFORMATION

Date: _____ Corporation No./Name: _____

Property Address: Suite # _____

PAP CANCELLATION

As the owner of the above property, I am advising the management that I have sold my property and the closing date is _____ (dd-mm-yyyy). *On the closing date, please be reminded to forward a copy of the "Land Title Transfer" to the management office, to officially update the ownership.*

Or

Reason for the Cancellation:

EFFECTIVE DATE

This cancellation is effective from the month of _____ (mm/yyyy)

Print Name

Signature

Date received at Management Office _____ (dd-mm-yyyy)