



PAD CANCELLATION NOTICE

I/We, _____ cancel my/our
authorization to issue Personal/Business Preauthorized debit in the amount of
\$ _____ effective _____. I/We acknowledge that
this cancellation does not terminate any other obligation that I/We may have
with the Payee.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Where the Payer's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Cancellation Notice.

For Office Use Only

Roll # _____

Customer ID # _____

PID # _____

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