

# Cancellation Notice

## President's Choice Financial® MasterCard® Pre-Authorized Debit (PAD) Payment Service Agreement (Personal)

**To:** President's Choice Bank  
P.O. Box 4403  
Station A  
Toronto, Ontario  
M5W 5Y4  
Email: documents@pcmastercard.ca  
Fax: 1 866 437 6576

I wish to **cancel** the Authorization that I/we gave to President's Choice Bank (as issuer of President's Choice Financial MasterCard), to issue personal pre-authorized debits (PADs) for my President's Choice Financial MasterCard against my bank account effective<sup>1</sup> on \_\_\_\_\_.

First Name: \_\_\_\_\_ Initial: \_\_\_\_ Last Name: \_\_\_\_\_

President's Choice Financial MasterCard Card Number:

I acknowledge that this cancellation does not relieve me from any financial obligation that I may have to President's Choice Bank for my President's Choice Financial MasterCard. This includes any obligation to pay any and all amounts owing on my President's Choice Financial MasterCard.

All persons who signed the Pre-Authorized Debit (PAD) Payment Service Agreement (Personal) or who are now required to sign for the bank account must sign below.

\_\_\_\_\_  
Signature of Bank Account Holder

\_\_\_\_\_  
Signature of Joint Bank Account Holder  
(if applicable)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Date (dd/mm/yyyy)



<sup>1</sup>This date will take effect provided that we receive the completed and signed form at least 30 days before your next payment due date.