



**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT
Cdn. Payments Rule H1 Appendix VI**

Tk'emlups te Secwépemc
(Kamloops Indian Band)

CANCELLATION NOTICE

Please complete:

FOLIO # _____

To: Tk'emlups te Secwépemc (the, "Payee")---

Date: _____ (m) _____ (d) _____ (y)

I/we _____ (Payor Name)

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

/100 Dollars

Against my/our account number:

_____ (5 digits) _____ (3 digits) _____ (12 digits)
Branch Institution Bank Account Number

Effective on: _____
Date

I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Note: Terms of the Pre-Authorized Debit (PAD) Agreement: You, the Payor, may revoke your authorization at any time with a thirty (30) day notice in writing to the Tk'emlups te Secwépemc (the, "Payee"). This notification must be received prior to the first day of the month of the next scheduled debit at the address provided below, I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdn pav.ca

Authorized Signature(s): **X** _____
Payor

Authorized Signature(s): **X** _____
PTAX/Finance

**Tk'emlups te Secwépemc
(Kamloops Indian Band)
#200 - 330 Chief Alex Thomas Way, Kamloops, BC V2H 1H1
Reception: (250) 828-9700 Cash Receipting (250) 828-9861**