



## CANCELTATION PRE-AUTHORIZED DEBIT – Condominium

**TO:** BRYDGES PROPERTY MANAGEMENT  
Unit 2 - 1271 Sargent Avenue  
Winnipeg, MB R3E 0G3  
[senioracctgclerk@brydgespropertymanagement.com](mailto:senioracctgclerk@brydgespropertymanagement.com)

**Payment Type:** Personal PAD, TO BE CANCELLED

This is to certify that I/we, \_\_\_\_\_  
(Print Name in full)

of \_\_\_\_\_  
(Street Address)

do hereby advise BRYDGES PROPERTY MANAGEMENT to cancel the withdraw from my account in the sum of \$ \_\_\_\_\_ as of \_\_\_\_\_, 20\_\_\_. As per the authorization form signed by yourself the minimum cancellation requirement is one (1) clear calendar months notice.

I/we acknowledge the cancellation will not be deemed as received until Brydges forwards an acknowledgment email. Email this form to [senioracctgclerk@brydgespropertymanagement.com](mailto:senioracctgclerk@brydgespropertymanagement.com)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**It is understood that one (1) clear calendar month's written notice must be provided to BRYDGES PROPERTY MANAGEMENT to cancel this notice.**

Payer may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

We are collecting this information in order to provide Property Management services as required by our contract. This information is protected under the provisions of the *Personal Information Protection and Electronic Documents Act* and by the provisions of Brydges Privacy Policy. For a copy of our Privacy Policy, contact our office at 489-9510.