



**St. Thomas United Church**  
100 Hawkwood Blvd NW  
Calgary AB T3G 2S9  
Tel 403 241-0366  
stthomas@shaw.ca



**CANCELLATION NOTICE:**

**TO:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Church name)*

I/We, \_\_\_\_\_ cancel my/our authorization to issue *(Personal,*  
*Contributor's name)*  
*Business)* pre-authorized debits in the amount of \$ \_\_\_\_\_ against my/our account number  
\_\_\_\_\_ effective on \_\_\_\_\_. I/We acknowledge that this cancellation  
*(Account Number)* *(Date)*  
does not terminate any other obligation that I/we may have with the Payee.

**Signed:** \_\_\_\_\_  
Payor/Valid Signing Authority(ies)

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