



28 Athens St.
Hamilton, Ontario L9C 3K9
Tel: 905-574-1334, ext. 200 Fax: 905-574-1688
www.n2ncentre.com

FOR OFFICE USE:
ID# _____
Transaction # _____

Neighbour to Neighbour Centre Pre-Authorized Debit Cancellation Agreement

Personal Information (please print clearly)

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone #: _____ Email: _____

Cancellation Information

I/we, _____, cancel my/our authorization to issue pre-authorized debits in the amount of \$_____ on the 1st or 15th (circle appropriate date) of each month against my/our account. I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with Neighbour to Neighbour Center (Hamilton).

Visa _____ MasterCard _____ Card: _____ Expiry Date- (month/ year) ____/____

Bank Account: Chequing Account _____ or Savings Account _____ Account Number: _____
Bank Transit Number: _____ Financial Institution Number: _____

Signature: _____ Date: _____ 20____
Signature: _____ Date: _____ 20____

Where the payer's account agreement requires the signature of two or more signing authorities, the signature of all such persons is required for the purpose of this Cancellation Notice.

To cancel your PAD Agreement, please complete, sign and return this form to **Neighbour to Neighbour Centre, 28 Athens St., Hamilton, ON, L9C 3K9, Phone: 905-574-1334, ext. 200, Fax: 905-574-1688.**

Please note: this cancellation form is to be received a minimum of 10 business days before the next debit is scheduled. An official tax receipt will be issued to you for your donations. Monthly donors will receive all receipts at the end of the year. **Charitable Number 11905 3130 RR0001**

Thank you for assisting us in letting those on the Hamilton mountain know -- HELP IS JUST A NEIGHBOUR AWAY!