

Pre-authorized Debit Cancellation

Payer	Payee

That payee shall submit a note from that payer for each debit made to that payer's bank account at transit number _____, bank number ____, and account number _____.

Date: _____ (YYYY-MM-DD)

Member of Payee: _____

Signature of Payee: _____

Signature of Payer: _____

This document, completed, *should* make action in the payer's bank unnecessary. Banks may enforce these terms without acceptance of the payee, but that may force a formal dispute.

http://ecn.ab.ca/~brewhaha/finance/my_book.pdf