

**PRE-AUTHORIZED GIVING CANCELLATION NOTICE**

To (Parish Name, City/Town): \_\_\_\_\_

Date: \_\_\_\_\_

I/We, (your name) \_\_\_\_\_,  
wish to cancel my/our authorization to (parish name, town)

\_\_\_\_\_ of the pre-authorized debits in the amount of \$ \_\_\_\_\_ against my/our account number \_\_\_\_\_ effective on date \_\_\_\_\_, 20\_\_\_\_\_. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with my Parish.

Signed: \_\_\_\_\_  
(Your signature)

Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
(City/town, Province, Postal Code)

Note: All cancellations must be submitted directly to your parish with which you have established a PAG Agreement. It is advisable to notify your Parish in writing and keep a record of the cancellation request. Subject to the terms of any agreement between a Payer and Payee including the Payer’s PAG agreement, a Cancellation Notice may be provided to the Payee (Parish) by way of registered mail, telephone, Internet, e-mail, fax, prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payer’s (Parish) PAG agreement.