

PRE-AUTHORIZATION | CANCELLATION NOTICE

Care of: **Gestion Vigilis**

Insured / Policy owner information (Please print.)

Main insured:

Policy Number(s) or Identification Number:

Policy owner - Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

Payor, account holder information (Please print.)

Name (first and last name) or Full legal name of corporation, including Co., Ltd., Inc., etc.:

I/We, cancel my/our authorization to issue (personal or business) pre-authorized debits against my/our account:

Bank account information

Name of financial institution (FI):

FI Transit number (branch: 5 digits / institution: 3 digits):

FI Account number:

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with *Gestion Vigilis*.

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.

Signature of bank account holder(s) -
Valid Signing Authority(ies):

Date :

Signature of bank account holder(s) -
Valid Signing Authority(ies):

Date :

Signed at _____ this _____ day of _____ 20_____

Note: Subject to the terms of any agreement between a Payor and Payee (*Gestion Vigilis*), including their Payor's PAD Agreement, a cancellation notice may be provided to a Payee by way of regular mail, registered mail, email, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations set out in the applicable Payor's PAD Agreement, which is 10 days written notice.

We invite you to contact us, Monday through Friday, 8:30 am to 5:00 pm.



3285 Saint-Martin Blvd. E, Suite 200
Laval, QC H7E 4T6

☎ 450 682-7772 | 1 888 682-7772
☎ 450 682-8299 | 1 888 682-8299

www.vigilis.ca/cpa
cpa@vigilis.ca