



MONTHLY DONATIONS - CANCELLATION FORM

Please print and complete this form then send to:
The Sunshine Foundation of Canada
495 Richmond Street, Suite 400; London, ON N6A 5A9; or fax 1.800.461.7475

I/We, _____, cancel my/our authorization to issue pre-authorized debits
(Payor name)

in the amount of _____ against my/our account number _____
(amount) (account number)

Effective on _____. I/We acknowledge that this cancellation 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 persons are required for the purposes of this Cancellation Notice.

Note: Subject to the terms of any agreement between a Payor and Payee including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, Internet, e-mail, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement.