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Pre-Authorized Contribution Plan (PAC) – Cancellation Form

NAME: _____

PLEASE CHECK

JOINT NAME: (If applicable) _____

RRSP

ACCOUNT
NUMBER

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NON-REGISTERED

RESP

TFSA

I/We request to cancel the existing Pre-Authorized Contribution Plan (PAC) currently set-up against my/our bank account effective:

Immediately **After Specified Date**

Y	Y	Y	Y	M	M	D	D
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Please note that the cancellation notice must be received in our office ten business days prior to the PAC date in order for it to be stopped. If received after that period the PAC will be stopped as of the following PAC date.

Authorization

Y	Y	Y	Y	M	M	D	D
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DATE

BANK ACCOUNT HOLDER'S SIGNATURE

JOINT ACCOUNT HOLDER'S SIGNATURE
(if applicable)

Y	Y	Y	Y	M	M	D	D
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DATE

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

Compliance Approval

Where your account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purpose of this cancellation form.