

PRE-AUTHORIZED DEBIT CANCELLATION NOTICE

TO: Stratawest Management Ltd and its processing agent

DATE: _____ Rental Strata _____
Strata Plan Strata Lot

RE: _____
(Property Name & Address /Civic Address)

I/We, _____, cancel my/our authorization to issue (please check: Personal Business) pre-authorized debits in the amount of _____ against my/our account number _____ effective on _____. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with Stratawest Management Ltd.

Signed:

Valid Signing Authority(s)

(Signature)

(Signature)

(Print Name)

(Print Name)

Note: Please deliver this cancellation notice to the office of Stratawest Management Ltd. at least ten (10) business days in advance of the next Pre-Authorization Debit (PAD) withdrawal by way of email, fax, prepaid courier or registered mail.

Payee's contact information:

Stratawest Management Ltd.

202 - 224 West Esplanade, North Vancouver, BC, V7M 1A4

Tel: 604-904-9595 Fax: 604-904-2323

Email: info@stratawest.com