

PRE-AUTHORIZED DEBIT CANCELLATION NOTICE

To: Touchstone Property M	Ianagement Ltd. and its	processing agent
Date:	 Strata Plan	
Re: (Property Name & Address /		
I/We,		, cancel my/our authorization to issue
pre-authorized debits in the amoun	t of	against my/our account
number	effective on	I/We acknowledge that
Signed: Payor / Valid Signing Au Signature	thority(ies)	Signature
(Print Name)		(Print Name)
		ouchstone Property Management Ltd. at least ten ebit (PAD) withdrawal by way of email, fax, prepaid
Payee's contact information:	Touchstone Property Management Ltd. 1777 West 75th Ave, Vancouver, B.C., V6P 6P2 Tel: 604-688-4340 Fax: 604-688-4349 Email: forms@touchstoneproperty.com	