

Pre-Authorized Debit Change/Cancellation Form
(Amendment to existing PAD Agreement)

Please choose one of the following:

- I (We) want to change the amount of my (our) monthly Pre-Authorized Debit (PAD) from \$_____ per month to \$_____ per month.

Reason for change: _____

OR

- I (We) want to cancel my (our) PAD Agreement.

Date: _____

Tenant Name(s): _____

Suite Address: _____

Effective date of change: _____

****NOTE: In order to ensure that changes requests can be processed in time, they must be submitted to the Resident Manager or to the Group II Investments office no later than ten (10) business days prior to the date the change is to take effect.****

Signature

Signature