



Pre-Authorized Debit (PAD) Cancellation Request

TO: UFA Co-operative Limited

DATE:

I/We, _____, cancel my/our authorization to issue personal/business pre-authorized debits 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 UFA Co-operative Limited.

Signed:

Payor/Valid Signing Authority

Date Signed:

Signed:

Payor/Valid Signing Authority

Date Signed:

Please provide this Pre-Authorization Cancellation Request Form to:

Attention: Accounts Receivable
UFA Co-operative Limited
700 – 4838 Richard Road S. W., Calgary, AB T3E 6L1

OR

Email: accounts.receivable@ufa.com or FAX: 403-570-4009