

## REQUEST TO CANCEL DIRECT DEBIT

I hereby request Parkside Condominium to cancel debit entries in the amount of my monthly condominium fee from my bank account.

This signed notification will serve as termination of the previous authorization agreement with Parkside. The notification must be given by the fifteenth day of the previous month to enable a reasonable opportunity to process the termination request. For example, to terminate the agreement for the month of December, I must notify Parkside no later than November 15<sup>th</sup>.

Signature: \_\_\_\_\_

Please print **CLEARLY**:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers (w): \_\_\_\_\_ (h): \_\_\_\_\_

Parkside Address: \_\_\_\_\_

Final month of debit: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE MANAGEMENT OFFICE