



L A N G A R A  
G A R D E N S



LANDLORD'S INITIALS

TENANT'S INITIALS

## Pre-Authorized Payment Plan Cancellation

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I \_\_\_\_\_ hereby wish to cancel the Pre-Authorized Payment Plan effective: \_\_\_\_\_, 20\_\_\_\_. I understand that in order for this cancellation to be effective, the cancellation notice must be received 15 days prior to the month commencing cancellation.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Date)

### OFFICE USE ONLY

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RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_