AUTOMATIC DEBIT CANCELLATION		
		Manor No.
You are hereby authorized to cancel the automatic payment withdrawal from my bank account for payment of monthly Carrying Charges.		
	Bank	Acct. No.
My current authorization is for:		
My reason for canceling is:	 □ I am selling my manor □ I am closing my bank account □ I will be making the payments □ Other 	
I understand that this change may require several weeks to take effect. Further, I agree that I will make any payments for which I am responsible after this cancellation becomes effective.		
Date	Print Name	I.D. No.
Tel. No	Signature	
FOR BUSINESS OFFICE USE ONLY		
Cancellation processed by	e sc	Date
BSSPCANC(Rev 8/93)	99	

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