

**AUTHORIZATION TO CANCEL  
DIRECT DEBIT**

1. Unit Owner(s) Name(s) whose bank account is currently being used:

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2. Unit Address: \_\_\_\_\_

street

\_\_\_\_\_

city

state

zip

3. Owner(s) mailing address for your bank accounts, if other than the unit address above:

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street

\_\_\_\_\_

city

state

zip

Direct Debit of my account is to be discontinued effective the month of \_\_\_\_\_.

Any owner changes to their authorization must be received by Community Management Professionals, LLC (CMP) on or before the 1<sup>st</sup> day of the month in order to be effective for the month of request. Any changes received after the 1<sup>st</sup> day of the month will not become effective until the following month. (Example, owner wishes to cancel Direct Debit for the month of March, the request must be received by CMP on or before March 1.) Please complete the form and return it to Community Management Professionals, LLC. at 102 Broadway Street, Suite 500, Carnegie, PA 15106 or by fax to 412-279-3031.

\_\_\_\_\_  
First Signature on Bank Account

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Signature on Bank Account  
(if applicable)

\_\_\_\_\_  
Date