

Please complete all sections and submit to GMS at 2055 Albert Street PO Box 1949 Regina, SK S4P 0E3 or scan and email to info@gms.ca

A. General Information		
GMS ID No. <i>(if applicable)</i>	Group Plan No. <i>(if applicable)</i>	Date <i>(DD/MM/YYYY)</i>
Please indicate what type of use this Cancellation Notice is for:		
<input type="checkbox"/> Business <i>(I am an employer cancelling my Pre-Authorized Debit Agreement.)</i>		
Employer Name		
<input type="checkbox"/> Personal <i>(I am an individual cancelling my Pre-Authorized Debit Agreement.)</i>		
First Name	Last Name	Date of Birth <i>(DD/MM/YYYY)</i>

B. Declaration	
<i>First Name</i>	<i>Last Name</i>
I/We ("I") _____, _____ cancel my/our ("my") authorization to issue Personal Pre-Authorized Debits in the amount of \$ _____ against my financial institution account number _____ effective <i>(DD/MM/YYYY)</i> _____.	
I acknowledge that this cancellation of the PAD Agreement does not terminate any other obligation that I may have with GMS, under any broader contract for services and am bound to fulfill my obligations under my contract with GMS. I understand that I am still responsible for remitting premiums to GMS, and upon cancellation of this authorization will ensure that any unpaid premiums are remitted in full immediately.	
Signature of Authorized Account Holder* X	Signature of Authorized Account Holder* X
Name <i>(please print)</i>	Name <i>(please print)</i>

**Where Account Holder's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Cancellation Notice.*

Note: *Subject to the terms of any agreement between the Policyholder and GMS including their PAD Agreement, a completed Cancellation Notice may be provided to GMS by way of mail, registered mail, email, fax or pre-paid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable PAD Agreement.*