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BANK DRAFT CANCELLATION NOTIFICATION

l,,	hereby	reques	t to
cancel my direct bank draft payment on account number	er		
I request that this account be put under the regular i	ate tarif	f applicable	and
that I be billed accordingly. I understand that cancel	ation of	this direct	bank
draft payment will take place with the first billing	after	receipt of	this
notification.			
Signed	-	Date	_