



Groupe Maskatel Québec S.E.C

C.P. 93017, Succ.des Galeries Saint-Hyacinthe, QC, J2S 0H4
Sans frais : 1 877 627-5283
Télec. : 450 250-5000

Courriel : activationppa@maskatel.qc.ca
Site web : maskatel.ca

**Pre-Authorized
cancellation**

TO: Groupe Maskatel Québec S.E.C
Att : Comptes recevables
780 boul. Casavant Ouest
Saint-Hyacinthe (Québec) J2S 7S3
Tél. : 1- 877-627-5283
Télec. : 1-450-250-5000
Courriel : activationppa@maskatel.qc.ca

Pre-Authorized payment (PAP)

I, the undersigned, hereby cancel my authorization to issue personal; business, variable amount pre-authorized debits on my card number _____ (insert your account/credit card number) as of _____ (insert date).

I acknowledge that this cancellation does not terminate any other obligation I may have to Groupe Maskatel Québec S.E.C., in particular, with respect to my service contract or to any amount due thereunder.

Signature of Client (for cancellation of the PAP)

X

Signed on :

/ /

AT :
