



Condo Fee Payment: Cancellation

This form must be received by the management office at least 7 days in advance of the next payment that is due. The Payee is not responsible for cancellations that cannot be processed due to receipt of notification that is less than 7 days.

Payor information (please print)

Last Name		First Name
Mailing Address		
City/Town	Postal Code	Daytime Telephone Number

Part 1: To: Wellington Condominium Corporation No. 20

Unit # _____, Address _____
(complete only if different from address provided above)

Part 2: I/We pay the monthly fee by: ☐ cheque ☐ pre-authorized debit

Part 3: The reason for cancellation is:

- ☐ I/We have sold the unit and the closing date is _____
- ☐ Other _____

I/We acknowledge that this cancellation does not terminate any other obligation that I/We may have with the Payee.

Signature of Payor(s): _____

Date: _____