

## AUTO DRAFT CANCELLATION REQUEST

Association \_\_\_\_\_

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Property Address \_\_\_\_\_

I would like the auto-draft on the above referenced account cancelled effective (date) \_\_\_\_\_ with (month) \_\_\_\_\_ being the last month that my dues are automatically debited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Please complete and sign this form and return it to:

Fax (949) 481-0556

OR - MAIL TO

TSG Independent Property Management

c/o MPS

PO Box 57063

Irvine, CA 92619-7063