

CANCELLATION NOTICE

TO: Xplore Inc.

DATE:

I/we, _____ (Payor name), cancel my/our authorization to issue pre-authorized debits in the amount of _____ (amount) against my/our account number _____ (account number) effective on _____ (date). I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signed:

Payor/Valid Signing Authority(ies)

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purpose of this Cancellation Notice.

Send to **Xplore Inc.** Accounts Receivable using
one of the following options:

1. Email to billing@xplore.ca
2. Fax to 1-866-510-2232
3. Mail to P.O. Box 9060, Woodstock NB E7M 6B5

For any questions please contact our Customer Care team at
1-866-841-6001.