

BOW RIVER GAS CO-OP LTD.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/We authorize Bow River Gas Co-op Ltd. and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Bow River Gas Co-op account(s). Regular monthly payments for the full amount of services delivered will be debited to my/out specific account on the 23rd day of each month. Bow River Gas will provide 10 days written notice of the amount of each regular debit. Bow River Gas Co-op will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Bow River Gas Co-op Ltd, has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form or more information on my/our right to cancel a PAD Agreement at my/out financial institution or by visiting www.cdnpay.ca.

Bow River Gas Co-op may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Names(s): _____ Account number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI transit Number: _____
(Branch – 5 digits; FI – 3 digits)

Authorized Signature(s): _____

Please include a VOID cheque

Bow River Gas Co-op Ltd.
Box 66
Vauxhall, Alberta
TOK 2K0
403.654.2233 (PH)
403.654.2022 (FAX)