



# East Smoky Gas Co-op

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

I/We authorize East Smoky Gas Co-op Ltd. and the financial institution designated (or any other financial institution I/we 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 East Smoky Gas Co-op Ltd. Customer Contract Gas account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 25<sup>th</sup> day of each month. East Smoky Gas Co-op Ltd. will provide 10 days written notice of the amount of each regular debit, in the form of my monthly East Smoky Gas Co-op Ltd. bill. East Smoky Gas Co-op Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until East Smoky 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/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

East Smoky Gas Co-op Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written 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](http://www.cdnpay.ca).

**Please Print**

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

East Smoky Gas Co-op Ltd Account Number: \_\_\_\_\_

Type of Service: Personal: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus) \_\_\_\_\_ (Res) \_\_\_\_\_

Email: \_\_\_\_\_

**Financial Institution (Bank Name):** \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ (branch – 5 digits; FI 3 digits)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

**East Smoky Gas Co-op Ltd.**  
Attention: Customer Billing  
Box 118, Crooked Creek, AB, T0H 0Y0  
Phone: 780-957-3792 Email: [chantel@esgas.ca](mailto:chantel@esgas.ca)