



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 25th 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.

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.

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: (Cell) _____ (Home) _____

Email: _____

Financial Institution (Bank Name): _____

Bank Account # (up to 15 digits): _____ Institution # (3 digits): _____

Transit # (5 digits): _____

NOTE: ***Please email void chq or direct deposit form to admin@esgas.ca***

Authorized Signature(s): _____

East Smoky Gas Co-op Ltd.

Attention: Customer Billing

Box 118, Crooked Creek, AB, T0H 0Y0

Phone: 780-957-3792 Email: admin@esgas.ca