

1.

CROSSROADS GAS E-BILLING SIGN-UP



Account Number: _____

Phone Number: _____

Name(s): _____

Mailing Address: _____

Email my gas bill to the following e-mail address: _____

Date: _____

Account Owner(s) Signature: _____



2.

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name:

Crossroads Gas Account #: Phone Number:

Mailing Address:

E-mail Address:

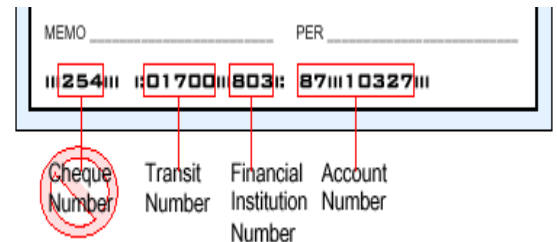
2. Bank Account Information as Per Attached Void Cheque/ Bank Form

Void Cheque or bank form attached

Branch Transit Number: _____ (5 digits)

Financial Institution Number: _____ (3 digits)

Account Number: _____



Financial Institution:

Name: _____ Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize Crossroads Gas Co-op Ltd. to debit the bank account identified above for the **exact amount** of the account's outstanding balance, which will usually be different each month.

These services are for (*check one*): Personal Business

Date of the withdrawal will be the **22nd of each month**, or the next business day. Crossroads needs four (4) business days prior to the 22nd of the month to set-up your pre-authorized debit.

This authority is to remain in effect until I/we notify Crossroads Gas Co-op Ltd., in writing of its' termination subject to providing notice of 15 days. To obtain a *Notice of Cancellation Form*, contact us. For more information on your rights to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please Print)

Name (Please Print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Email completed form to reception@crossroadsgas.com, fax to 403-227-5750 or mail to PO Box 6319 Innisfail, AB T4G 1T1