CROSSROADS GAS E-BILLING SIGN-UP Account Number: Phone Number: \_\_\_\_\_ Name(s): Mailing Address: Email my gas bill to the following e-mail address: Account Owner(s) Signature: Pre-Authorized Debit (PAD) Agreement 1. Customer Information (Please print clearly) Name: Phone Number: Crossroads Gas Account #: 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) || 254||| || 01700||| 803|: || 87||| 10327||| Financial Institution Number: (3 digits) Account Number: Transit Financial Account Number Institution Number Number **Financial Institution:** \_\_\_\_ Address: \_\_\_\_\_ Name: 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 22<sup>nd</sup> of each month, or the next business day. Crossroads needs four (4) business days prior to the 22<sup>nd</sup> 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

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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.