



Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name:

Crossroads Gas Account #: Phone Number:

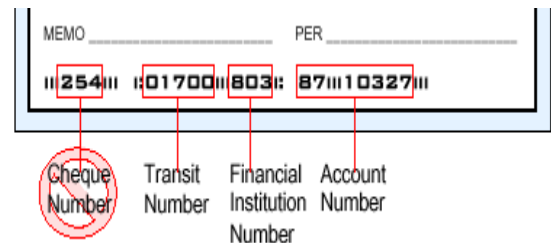
Mailing Address:

E-mail Address:

Would you like to sign up for E-Billing? ☐ Yes ☐ No ☐ I'm already signed up

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

☐ Please attach a Void Cheque or Bank Form when you return this form to us. We accept PDF's, pictures or a paper copy.



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., of its' termination. 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@crgas.ca or mail to 36060 Range Road 282 Red Deer County, AB T4G 0G6