

Evergreen Gas Co-op Ltd.

**Please complete the Preauthorized Debit (PAD) Agreement below:**

### GAS UTILITY PREAUTHORIZED PAYMENTS

I/We authorize Evergreen Gas Co-op Ltd. and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instruction for monthly regular recurring payments and/or one-time payment from time to time, for payment of all charges arising under my/our Evergreen Gas Co-op Ltd. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the **5th day of each month**. Evergreen 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 Evergreen Gas Co-op has received written notification from me/us of its change or termination. This notification must be received at least 10 days before the next debit is scheduled, at the address provided below. Any payment returned N.S.F. is subject to a \$50 N.S.F. charge and may result in termination on the plan. An account that has been terminated due to N.S.F. payments may have a waiting period before applying to go on the plan again. 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). **If you change banks, please contact our office to update account information.** Also, **please remember to turn off any auto-payments set up in your online banking.**

Evergreen 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 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 ATTACH A BLANK CHEQUE MARKED "VOID" or a Direct Debit Form (from your bank)**

### GAS ACCOUNT INFORMATION

<b>ACCOUNT NUMBER:</b>	<b>ACCOUNT NAME:</b>
<b>LEGAL DESCRIPTION:</b>	
<b>MAILING ADDRESS:</b>	

### FINANCIAL INSTITUTION INFORMATION (your payment will come from here)

<b>NAME OF FINANCIAL INSTITUTION:</b>	<b>BRANCH ADDRESS:</b>
<b>BRANCH (5 digits) &amp; INSTITUTION NUMBER (3 digits):</b> ____ _	<b>ACCOUNT NUMBER:</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

Evergreen Gas Co-op Ltd.  
Box 8800, 5304 - 56th Avenue.  
Drayton Valley, Alberta T7A 1P9  
Phone: 780-542-4808      Email: [info@evergreengascoop.com](mailto:info@evergreengascoop.com)