



CENTRAL PEACE NATURAL GAS CO-OP LTD.

EBILLING CONSENT FORM

PLEASE PRINT

Central Peace Natural Gas Co-op Ltd. Account _____

Name: _____ Phone Number: _____

Legal Land Description: _____

Mailing Address: _____

Email Address: _____

I fully understand that it is my (gas account holder) responsibility to notify Central Peace Natural Gas Co-op Ltd. in writing of any changes to my email address.

I fully understand that it is my (gas account holder) responsibility to contact Central Peace Natural Gas Co-op Ltd. if I have not received my paperless bill by the 10th of each month.

This agreement is to remain in effect until **Central Peace Natural Gas Co-op Ltd.** has received notification of termination of agreement thirty (30) days in advance of the bill date.

I have fully read, understand, and agree to the terms listed above.

Signature _____

Date _____