

Pre Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____

Central Peace Natural Gas Co-op Ltd Account _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Financial Institution : Name _____

Branch Address _____

TRANSIT #		BRANCH CODE		ACCOUNT #	
5 digits		3 digits		5 - 12 digits	

3. Pre- Authorized Debit (PAD) Details

You the payor authorize Central Peace Natural Gas Co-op Ltd to debit the bank account identified above for the value of services you have purchased, including applicable taxes

These services are for (check one) _____ personal _____ business use.

You the payor may revoke your authorization at any time, subject to providing notice of the payee no to exceed 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your Financial Institution or visit www.cdnpay.ca

Signature of Account Holder

Signature of Joint Account Holder (If Appropriate)

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 this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

When the form is complete, mail or fax to: Central Peace Natural Gas Co-op Ltd
Box 119
Spirit River, Alberta
T0H 3G0
Phone 780 864-3873 Fax 780 864-2044