



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please complete the Pre-Authorized Debit (PAD) Plan agreement below to participate in Auto-Debit bill payments.			
CUSTOMER INFORMATION:			
Name on RVGC Account:			
Rockyview Gas Acct #:		Phone #:	
Mailing Address:			
Email Address:			
Type of Service:	<input type="checkbox"/> Personal	<input type="checkbox"/> Business	
BANK ACCOUNT INFORMATION AS PER ATTACHED VOID CHEQUE / BANK FORM:			
<input type="checkbox"/> Void Cheque or Bank Form Attached (Must be included)			
Branch Transit #: (5 Digits)			
Financial Institution #: (3 Digits)			
Bank Account #:			
Financial Institution:			
Address:			
<p>I/we authorize ROCKYVIEW 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 instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our ROCKYVIEW 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 15th day of each month. ROCKYVIEW GAS CO-OP LTD. waives the 10-day written pre-notification notice of the amount and date of each regular debit and/or changes to the amount or date of each regular debit. ROCKYVIEW GAS CO-OP LTD. will obtain my/our authorization for any other one-time or sporadic debits.</p> <p>This authority is to remain in effect until ROCKYVIEW GAS CO-OP LTD. has received written notification from me/us of its change or termination. This notification must be received at least twenty-one (21) business days before the next debit is scheduled at the address provided below. 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.payments.ca.</p> <p>ROCKYVIEW 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.</p> <p>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.payments.ca.</p>			
Signature of Account Holder		Signature of Joint Account Holder (if applicable)	
Name (Please Print)		Name (Please Print)	
Date		Date	

Return the Completed Authorization Form along with a Void Cheque or Bank Form via one of these methods:
 Email to info@rvgc.ca / Deliver to 904 Limit Avenue (Crossfield) / Mail to Box 399 • Crossfield, Alberta • T0M 0S0