

BUDGET PROGRAM 2020

Dear Member,

Rockyview Gas Co-op Ltd. offers an "Equalized Monthly Payment Plan" (EMPP) for customers to budget for annual gas billing. With this Budget program, the customer is able to build a credit on their account during the summer months when gas consumption is lower. The customer will notice the benefits of this program during the winter months when consumption is generally higher and bills can be more expensive. **There is no discounted rate for being on the Budget Program.**

The program runs from June 1st to May 31st of each year. **You will not be able to start the program after June 1st.** To participate in the EMPP Budget Program, you must meet the following requirements:

1. Have at least 1 year of gas consumption history on your account
2. Take advantage of our "Auto-Debit" (A/D) program for direct monthly withdrawals from your bank account (**Please submit a VOID cheque along with the information form provided below**)
3. Any outstanding amount on your account must be brought to a zero balance before May 28th, 2020

Existing Budget Program Customers

We will continue the budget program on your account unless we hear otherwise prior to Fri, May 22nd. The debit or credit balance in your current Budget Account is cleared to zero in May and the balance will then be shown on your customer account. ***** Please note starting July, Auto-Debit withdrawals will occur on the 15th of every month instead of the 28th *****

- Customers with a debit balance: amount is withdrawn by Auto-Debit on June 28th, 2020
- Customers with a credit balance: this amount is rolled into the new year's EMPP calculation
- The new "EMPP" Budget Amount will then show on your June 2020 gas bill.

If you have any questions or concerns on your new budget amount please contact us at the office and we can address them. Thank you for participating in our EMPP Budget Program.

Account #: _____

Name: _____

- Yes, I would like to participate in the Budget Program & **have filled in the Authorization Form on the second page and included a VOID cheque.**
- Yes, I would like to participate in the Budget Program and I am **already using Auto-Debit**

I am **ONLY** interested in being on Auto-Debit, NOT the Budget Program & **have filled in the Authorization Form on the second page and included a VOID cheque.**

E-Billing – Yes, I would like to receive my monthly gas bills via e-mail (if not already)

Email address _____

*****If you are new to the Budget Program or Auto-Debit, we must have this information returned to our office by Friday, May 22nd in order to update your account by the next bill run*****



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			
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