

# EAST CENTRAL GAS CO-OP LTD.

## Credit Card Authorization

Customer Name/Name on Account:		
Gas Utility Account #: (please use one line per account, if applicable)		
Telephone Number:		
Mailing Address:		
City/Town:	Province:	Postal Code:

Name as it Appears on Card:																	
Type of Credit Card: (please select one)										<input type="checkbox"/> VISA			<input type="checkbox"/> Master Card			<input type="checkbox"/> American Express	
16 Digit Credit Card Number:																	
Credit Card Expiration Date: (M/Y)						Security Number (CVV)											

Please note payment charged to the credit card mentioned above will be the amount stated on your gas utility bill on the due date specified month to month.

### Customer Acknowledgment:

I/we hereby authorize East Central Gas Co-op to charge the credit card account referenced above.

I/we understand that it is our responsibility to notify service providers who have authorization to charge transactions to credit card of any/all changes prior to date of transaction. Failure to do so will result in a penalty charged to your gas utility account. Should a credit card be declined three months in a row, this agreement will become null/void.

I/we understand that if we wish to discontinue payments, written or verbal notice to the applicable merchant will be made before charged to the credit card.

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_