

# EAST CENTRAL GAS CO-OP LTD.

## Business Pre-Authorized Debit (PAD) Agreement

The debits authorized hereunder are for: ☐ Personal ☐ Business Purposes

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:

<input type="checkbox"/> "VOID" Cheque Attached		
Name of Financial Institution:		
Branch Address:		
City/Town:	Province:	Postal Code:
Account Number:	Transit Number:	
Institution Number:		

Please note payment debited from the account(s) 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 and the financial institution named above to withdraw pre-authorized debits from the account referenced above.

I/we understand that it is our responsibility to notify service providers who have authorization to charge transactions to the account of any/all account closures prior to date of debit. Failure to do so will result in a \$25.00 fee and/or penalties charged to your gas utility account. Should a debit fail three months in a row, this agreement will become null/void.

I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

I/we understand that if we wish to discontinue payments, written or verbal notice to the applicable merchant will be made before payment is debited from the account.

Signature of Account Holder: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_

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