



**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize West parkland 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 West Parkland 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 5th day of each month. West Parkland Gas Co-op Ltd. will provide 10 days written notice of the amount of each regular debit. West Parkland Gas Co-op Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until West Parkland Gas Co-op Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) 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.cdnpay.ca](http://www.cdnpay.ca).

West Parkland 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.

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.cdnpay.ca](http://www.cdnpay.ca)

**PLEASE PRINT**

**CUSTOMER INFORMATION**

**DATE:** \_\_\_\_\_

**Name(s):** \_\_\_\_\_

**West Parkland Gas Account Number:** \_\_\_\_\_ **Type of Service:** Personal \_\_\_\_\_ Business \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone Number:** (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

**FI Account Number:** \_\_\_\_\_ **FI Transit Number:** \_\_\_\_\_ - \_\_\_\_\_  
*(branch -5 digits; FI - 3 digits)*

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Authorized Signature(s):** \_\_\_\_\_

**West Parkland Gas Co-op Ltd.**  
Box 2187, Stony Plain, AB. T7Z 1X7  
Tel: (780)-963-3311, Fax: (780)-963-3332  
E-mail: [admin@westparklandgas.com](mailto:admin@westparklandgas.com)

- ❖ Continue to pay your bill normally until your monthly statement indicates that the payment will be processed automatically.
- ❖ Please note that if a pre-authorized withdrawal payment does not process, for any reason, West Parkland Gas Co-op Ltd. may terminate your participation in this plan.
- ❖ Chequing Account Customers please include a VOID personal cheque, Savings Account Customers please complete the form and include your banking institution document.