



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.

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

Authorized Signature(s): X _____

(Bank Account Holder)

PLEASE PRINT

CUSTOMER INFORMATION

DATE: _____

Name(s): _____

West Parkland Gas Account Number: _____ **Email:** _____

Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Phone Number: (Home.) _____ **(Cell.)** _____

Banking Document Provided

Check the box for the type of banking document being provided: Direct Debit Form Void Cheque

* Please ensure if providing a Direct Debit Form, the form is signed by the bank account holder *

Things To Know

* Continue to pay your bill normally until your monthly statement indicates that the payment will be processed automatically. The top right-hand box on your invoice will state "WITHDRAWAL" when the payment has been set to be automatically debited.

* 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.

West Parkland Gas Co-op Ltd.
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