

Ste. Anne Natural Gas Co-op Ltd.

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

I/we authorize Ste. Anne Natural 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 Ste. Anne Natural 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 **28th** day of each month. **Ste. Anne Natural 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.** Ste. Anne Natural 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 Ste. Anne Natural 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/out financial institution or by visiting www.cdnpay.ca.

Ste. Anne Natural 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 on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdpay.ca.

PLEASE PRINT

Ste. Anne Natural Gas Co-op Ltd. Account Number: _____

Name(s): _____ Type of Service: Personal

Address: _____

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

Phone Number: (Res.) _____ (Bus.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ FI Branch number _____

Please attach a VOID Cheque

Address: _____

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

Authorized Signature(s): _____

Date: _____

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