



Payor's PAD Agreement

Ste. Anne Natural Gas Co-op Ltd (SANG) Pre-authorized Debit (PAD) Agreement

PAYEE: Ste. Anne Natural Gas Co-op Ltd. | Box 600, Onoway, Alberta T0E 1V0 | Tel: 1-800-290-5491 email: info@steannegas.com

PAYOR (CUSTOMER) INFORMATION <i>(Mandatory)</i>			
Payor Name: (the "Payor")		SANG Account #:	
Street Address:			
City:	Province:	Postal Code:	
Email:			
Phone Number:		Cell Number:	
PAYOR BANK ACCOUNT INFORMATION			
VOID CHEQUE OR BANK FORM IS REQUIRED			
Financial Institution:			
Branch Transit # (5 digits):		Financial Institution # (3 digits):	
Bank Account #:			
UTILITY ACCOUNT PAYMENT DETAILS:			
Payment Type:	PERSONAL PAD	Withdrawal Date:	28 TH OF EACH MONTH
Amount:		Variable - All charges arising under SANG account	
INFILL FINANCING PAYMENT DETAILS (if applicable):			
Payment Type:	PERSONAL PAD	Withdrawal Date:	1 ST OF EACH MONTH
Amount:		\$	Office Use Only
AGREEMENT:			
<p>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), including infill financing payments that I/We have agreed to. 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 for Utility Account Payments and the 1st day of each month for Infill Financing payments. Ste. Anne Natural Gas Co-op Ltd. will obtain my/our authorization for any other one-time or sporadic debits.</p> <p>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 above. 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.payments.ca.</p> <p>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.payments.ca.</p> <p>WAIVER OF PRE-NOTIFICATION AND CONFIRMATION: I/We waive any and all requirements for pre-notification or confirmation under Rule H1 of the CPA Rules of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.</p>			
AUTHORIZATION:			
(If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)			
I/we have the authority under the terms of my/our account agreement with my/our financial institution to debit the account. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.			
Payor A - Print Name		Payor B - Print Name	
X		X	
Payor A - Signature	Date	Payor B - Signature	Date