

## Pre-Authorized Debit (PAD) Agreement

**Please attach Void cheque or Pre-Authorized Payment bank form**

### 1. Customer Information (Please print clearly)

Name: \_\_\_\_\_

Gas Account #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### 2. Bank Account Information as Per Attached Void Cheque/ Bank Form

Void Cheque copy or bank form attached

Branch Transit Number: \_\_\_\_\_  
(5 digits)

Financial Institution Number: \_\_\_\_\_  
(3 digits)

Account Number: \_\_\_\_\_

**Financial Institution** \_\_\_\_\_

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

Please remember to attach a copy of a void cheque as well. Alternatively, you can attach a "Pre-authorized" form from your bank.

### 3. Pre-Authorized Debit (PAD) Details

You the Payor authorize Buck Mountain Gas Co-op Ltd. to debit the bank account identified above for the **exact amount** of the account's outstanding balance, which will usually be different each month.

These services are for (check one):      Personal       Business       **15th**  OR **25th**

Date of the withdrawal will be the 15th OR 25th of each month, or the next business day. Buck Mountain needs ten (10) business days prior to the 15<sup>th</sup> OR 25<sup>th</sup> of the month to set-up your pre-authorized debit.

This authority is to remain in effect until I/we notify Buck Mountain Gas Co-op Ltd., in writing of its' termination subject to providing notice of 10 days. To obtain a *Notice of Cancellation Form*, contact us. For more information on your rights to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

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

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

Name (Please Print) \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)



**When the Form is complete, mail, fax or email to:**

Buck Mountain Gas Co-op Ltd.

Box 209, Warburg, AB T0C 2T0

Telephone: 780-848-2808

Fax: 780-848-7663

Email: [bmginfo@buckmountaingas.ca](mailto:bmginfo@buckmountaingas.ca)