



I/We authorize Bow River 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 the payment of all charges arising under my/our Bow River Gas Co-op account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specific account on the 23rd day of each month. Bow River Gas will provide 10 days' written notice of the amount of each regular debit. Bow River Gas Co-op will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Bow River 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.payments.ca.

Bow River Gas Co-op Ltd. may also cancel this PAD agreement on not less than 15 days' notice to you.

Bow River Gas Co-op 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 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.payments.ca.

1. Payor's Information

Name on the Account:	Bow River Gas Account #:
Street or P.O Box Number:	City:
Province:	Postal Code:
Phone:	Email:
Type of Service:	Business <input type="checkbox"/> Personal <input type="checkbox"/>

2. Payor's Financial Institution Details

Financial Institution Name:
Institution Transit Number:
Institution Number:
Institution Account Number:

3. Debit Details

Bow River Gas Co-op Ltd. is authorized to debit the specified bank account for the indicated amount on the designated day on the 23rd day of each month or the next business day if applicable. The name "Bow River Gas Co-op Ltd." may appear as the debtor in your banking records. By agreeing to this, you, the Payor, confirm that you have the authority, in accordance with your account agreement, to authorize this debit.

Acknowledgment

I/We have authority under the terms of my/our account agreement with my/our financial institutions to debit the account.

Name(s) of Authorized Signature (please print):
Authorized Signature(s):
Date:

Please include a VOID cheque if available

Bow River Gas Co-op Ltd.
P.O. Box 66
Vauxhall, Alberta, T0K 2K0
Phone: 403-654-2233
Fax: 403-654-2022
Email: bowriveradmin@bowrivergas.ca
How to find your banking information on a cheque:

The diagram shows a sample cheque with the following fields and labels:

- Your Name:** 123 Any Street, Your Town, AB T4P 1Y5
- DATE:** Y Y Y M D D
- PAY TO THE ORDER OF:** \$
- 100 DOLLARS**
- ATB Financial:** 444 Main Street, Your Town, AB T4L 4L1
- MEMO:**
- MICR Line:** @ 0 0 1 2 3 9 2 1 9 2 3 4 5 6 7 0 1
- Labels:** Transit Institution (under 2 3 9 2 1 9) and Account (under 2 3 4 5 6 7)