Meota Gas Co-op Association Ltd.

Pre-Authorized Debit Agreement – Cancellation Request

Please complete the Cancellation Request to Stop Auto Debit Payments

PLEASE PRINT

DATE: _____ Meota Account Number:_____

Name(s):_____

Address: _____

City/Town: _____ Province: _____Postal Code: _____

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

E-mail address: _____

I would like to stop account payments to Meota Gas Co-operative Association Ltd. via PreAuthorized Auto Debit for my account - Meota Gas Billing effective on:

(enter effective date) _____

I acknowledge and understand that gas consumed on my account is billed the following month after consumption

and that my account is due by the due date shown on the monthly billing.

Authorized Signature(s): *(must be signed by all account holders)*

Name: *please print* _____ Signature: _____

Name: *please print* _____ Signature: _____

Name: *please print* _____ Signature: _____

Date: _____

Meota Gas Co-operative Association Ltd.
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